


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 28 NOV 23 AM 11:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000017851					
1. Corporation Name R.W.S. PROPERTIES, INC.					
Principal Place of Business 668 Indigo Loop North Destin, Florida 32540		Mailing Address Post Office Box 5491 Destin, Florida 32540			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 285 W. Bayou Forest Dr.		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 3/8/94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0473805	
City & State Freeport, Florida		City & State		Applied For Not Applicable	
Zip 32439		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City	5. State	6. Zip
P	R. Walter Swanson, Jr.	285 W. Bayou Forest Dr.	Freeport, Florida	FL	32439
S/T	Sherry M. Swanson	285 W. Bayou Forest Dr.	Freeport, Florida	FL	32439
8. Name and Address of Current Registered Agent Law Firm of Lawrence J. Spiegel Chartered 343 Almeria Avenue Coral Gables, Florida 33134			9. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A., d/b/a AmeriLawyer Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue Suite, Apt. #, Etc. City Coral Gables State FL Zip Code 33134		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent By: <u>Natalia Utrera, Vice President</u> Date _____					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u>R. Walter Swanson, Jr.</u>		(850) 835-2422			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E040 (2/85)