PLEASE READ ALL INST	FRUCTIONS	BEFORE C	OMPLET	ING THIS FOR	и.	
APPLICATION FLORID FOR PEINSTATEMENT	A DEPARTME Sandra B. Mol Secretary of S IVISION OF CORPO	NT QF STATE tham State		FILED 797 MOV 24 PM	3: P3	
DOCUMENT # PAY 000026443			SECRETARY OF STATE TALLAHASSELF LORIDA			
RFA of Southwest FLorida, Inc.						
Principal Place of Business Mailing Address						
3245 Pine Ridge Road Naples, Florida 34109  If above addresses are Incorrect In any way, line through incorrect information and enter correction below.			DO NOT WRITE IN THIS SPACE			
2. New Principal Office Address, if Applicable  RFA of Southwest Florida, Inc.RFA of Southwest Florida,			4. Date Incorporated or Qualified Indo Do Business in Florida 4/6/94			
Suite, Apt. #, etc. Suite, Apt. #, etc. 3245 Pine Ridge Road			5. FEI Number Applied For			
City & State Fort Myers, Florida  City & State Naples, Florida			6		Not Applicable	
Zip 2 Country 2 Zip 33912 USA 34109	Countr	y J <b>SA</b>	CERTIFICATE	OF STATUS DESIRED XX		ional Fee required iticate of Status
7. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each						
Title(s) and/or Directors Officer and/or Directors Officer and/or Director Officer Off				City /	State / Zip	
P/V S/T/D Ray Anderson 3245 Pine Ridge Road				Naples, Flor		100
				<del>0000235</del> -11/26/97 ****750.		32
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent				
Ray Anderson 108 Huntington Drive Naples, Florida 34109		Name Ray Anderson Street Address (P.O. Box Number is Not Acceptable) 3245 Pine Ridge Road Suite, Apt. #, Etc.  City Naples  State Zip Code FL 34109				000 000 000 000
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 Date 11/5/97  REGISTERED AGENT MUST SIGN						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes X No (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 they eason for dissolution has been eliminated, this corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation has 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.						

Ray F. Anderson

11/5/97

SIGNATURE: