PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

**DOCUMENT#** 



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

P95000004020

1. Corporation Name

## RWP CAPITAL CORPORATION

Principal Place of Business

Mailing Address

627 S. RANGE ST. MADISON FL 32340

SIGNATURE:

627 S. RANGE ST.

MADISON FL 32340



00 JUN -6 AM 8: 25

lf mhaya e	addresses are innormed in any way. Iina the	erough incorrect in	formation and enter o	orrection below				
New Principal Office Address, If Applicable		ough incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     01/17/1995			
Suite, Apt. #, etc.		Suite Apt. F. BOX 620		2	5. FEI Number Applied For			
City & State		City & State MAD 150N, FI		1 ,			Not Applicable	
Zip Country		32341 MA		dison	<u></u>	TIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Addresses of Each Officer and	d/or Director (Flor	ida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Street Address of Eac Officer and/or Directo			City / State / Zip		
D	KEELING, JAN N		RT. 1 BOX 782		LEE FL 32059			
						0003342 -08/01/00-4 ****158.75	1095-007 ****158.75	
			·· <u>·</u>				Shorts .	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
SCHOELLES, PAM 627 S. RANGE ST.				Name Street Address (P.O. Box Number is Not Acceptable)				
MADISON FL 32340				Suite, Apt. #, Etc.				
				City	FL			
10. I, bein	g appointed the registered agent of the al	bove named corpo	ration, am familiar wi	th and accept the o	bligations of Sect	ion 607.0505, F.S.		
Signature o	Agent Deriver of Co	عوال	REQL	HRED		Date	00	
	/ · · · · · · · · · · · · · · · · · · ·	REGISTERED AGE	ENTIMUST SIGN				ĺ	

11. 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 reinstaltement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

R OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.