

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 26 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 95000013430**

1. Corporation Name

RWC PROPERTIES, Inc.

2. Principal Office Address

161 MARTINIQUE CIR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

Zip

Country

Zip

Country

32082

ST. JOHNS

REINSTATEMENT

01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1995

5. FEI Number

59-3214913

Apply for

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

WHEAT, FREDERICK F., JR

Street Address (P.O. Box Number is Not Acceptable)

161 MARTINIQUE CIR.

Suite, Apt. #, Etc.

500004658525--8

-10/30/01--01013--022

******750.00 ****750.00**

City

PONTE VEDRA BEACH, FL 32082

**State
FL**

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

F. F. Wheat, Jr.

REGISTERED AGENT MUST SIGN

Date **10/26/01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	FREDERICK F-WHEAT, JR	161 MARTINIQUE CIR.	PONTE VEDRA BEACH, FL 32082

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

SIGNATURE:

F. F. Wheat, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/01

Date

(904) 273-9940

Daytime Phone #

CR2E081 (9/00)