	PLE	ASE READ	ALL INST	RUCTI	ONS BEFORE	E CC	OMPLETI	NG TI		RM. F	ı. ILE		
CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			E	01 SEP IO AM 9:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
. Corpora	tion Name	96000015724 ida-Buildin	gs/W.M.,	Inc.				,					
c/o Ingrid Wittman c/o				iling Office Address Ingrid Wittman Apt #, etc.			90		0(U	BI	<u>e</u> -	7
15272 Briarcrest Circle MyAStete Fort Myers, FL			15272 Briarcrest Circle City & State Fort Myers, FL				4. Dale Incorp To Do Busi 5. FEI Numbe	ness in Fk			, <u> </u>	6 pplied For of Applicable	
Country 33912 U.S.			^{2ip} 33912	·			G. CERTIFICATE	OF STATU	IS DESIRED			al Fee require	rd
	Name Name Ingrid Wittman Stroot Address (P.O. Box Number is Not Acceptable) 15272 Briarcrest Circle Suite, Apt. #, Etc. City Fort Myers							State	Zip Cod 339	9 .	∓4 □ -01078 - ***		4 _
I. I, being lignature o Registered	appointed the regis		ove named corporate of the corporate of	oralion, am f OW BENT MUST	amiliar with and accept of SIGN	the ob	ligations of secti	on 607.05	α	503, F.S.	20	0]_	CROFINE (SPIN)
J. Names Titles	mes and Street Addresses of Each Officer and/or Director (Fig. Name of Officers and/or Directors				Street Address of Each Officer and/or Director			Crry / State / Zip					
DPST	T Walter Mur				c/o Ingrid Wittman 15272 Briarcrest Circle			Fort	. Myer	s, FL	3391	.2	
								<i>1</i>	Die				

10. I contify 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 litting 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 examption 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. owed by the corporation have been paid and the harmes of individuals listed on this form to not quality to an exercise on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MUR WALTER LUW WALTER SIGNATURE OF SIGNING OFFICER OR DIRECTOR

9/4/2001

(941) 949-0404 Daylime Phone #

HUMPHREY & KNOTT

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THOMAS B. HART
H. ANDREW SWETT

GEORGE H. KNOTT*

*Board Certified Civil Trial Lawyer

**Board Certified Real Estate Lawyer

†Board Certified Business Litigation Lawyer

September 6, 2001

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Attn: Reinstatement Section
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Southwest-Florida-Buildings/W.M., Inc.

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement form for Southwest-Florida-Buildings/W.M., Inc., along with a check in the amount of \$450.00 for the annual filing fee for 1999, 2000, and 2001. The annual report form was not received by the corporation due to a change in address, which caused the corporation to be dissolved for failure to file that report. Due to that fact, we request that the \$600.00 reinstatement fee be waived.

It would be appreciated if the corporation could be reinstated as soon as possible due to its involvement in a real estate transaction. If you have any questions or need additional information, do not hesitate to contact us.

Sincerely yours,

HUMPHREY & KNOTT, P.A.

Jarey 7 Butler Garey F. Butler

GFB/tah

Enclosures

cc: Ingrid Wittman