
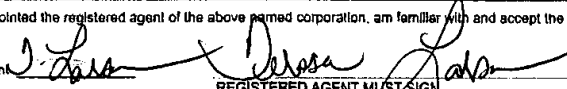
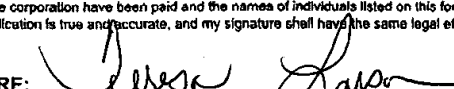


FILED

01 DEC -7 PM 3.44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC -7 PM 3:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # P97000063320																													
1. Corporation Name <div style="text-align: center; font-size: 1.2em;">PLW Investments, Inc.</div>																													
2. Principal Office Address <div>7235 Mill Run Circle Suite, Apt. #, etc.</div>		3. Mailing Office Address <div>7235 Mill Run Circle Suite, Apt. #, etc.</div>																											
City & State <div>Naples, FL</div>		City & State <div>Naples, FL</div>		4. Date Incorporated or Qualified To Do Business in Florida <div>7/22/1997</div>																									
Zip <div>34109</div>		Country <div>USA</div>		5. FEI Number <div>59-3460514</div>																									
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
7. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name Teresa A. Larson Street Address (P.O. Box Number is Not Acceptable) 7235 Mill Run Circle Suite, Apt. #, Etc. City Naples <div style="float: right;">State FL Zip Code 34109</div></div>																													
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. <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"><div>Signature of Registered Agent  REGISTERED AGENT MUST SIGN</div><div>Date 12/6/01</div></div>																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>Teresa A. Larson</td><td>7235 Mill Run Circle</td><td>Naples, FL 34109</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Teresa A. Larson	7235 Mill Run Circle	Naples, FL 34109																
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<div style="font-size: 1.2em;">500004717395</div> <div style="font-size: 1.2em;">-12/10/01--0111--</div> <div style="font-size: 1.2em;">*****750.00 *****</div>																													
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. <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"><div>SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div><div>Date 12/6/01 Daytime Phone #</div></div>																													