PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -8 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/08/03--01031--006 **900.00

REINSTATEMENT 501-02

DOCUMENT # P97000063320

1. Corporation Name
PLW Investments, Inc.

2. Principal Office Address	3. Mailing Office Address
7235 Mill Run Circle	7235 Mill Run Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34109 Country: USA	Zip: 34109 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/22/1997

5. FEI Number: 59-3460514 ☐ Applied 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: Teresa A. Larson

Street Address (P.O. Box Number is Not Acceptable): 7235 Mill Run Circle

Suite, Apt. #, Etc.:

City: Naples State: FL Zip Code: 34109

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0500 or 617.0503, F.S.

Signature of Registered Agent: Teresa A. Larson Date: 1/06/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
P	Teresa A. Larson	7235 Mill Run Circle	Naples, FL 34109

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: Teresa A. Larson 1/06/03 239-593-6437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 1/8