

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000076162**

1. Corporation Name

**FWAC OF FLORIDA, INC.**

Principal Place of Business

2745 NW 55TH BLVD  
GAINESVILLE FL 32653

Mailing Address

2745 NW 55TH BLVD  
GAINESVILLE FL 32653

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**FWAC of Florida, Inc.**

Suite, Apt. #, etc.  
**9355 Airport Blvd**

City & State  
**Orlando, Florida**

Zip Country  
**32827 USA**

3. New Mailing Office Address, If Applicable  
**FWAC of Florida, Inc.**

Suite, Apt. #, etc.  
**1201 W. Peachtree, Ste 3145**

City & State  
**Atlanta, Georgia**

Zip Country  
**30309 USA**

**REINSTATEMENT** 1998-1999

4. Date Incorporated or Qualified  
To Do Business in Florida

09/03/1997

5. FEI Number  
**58-2321916**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>D</del>	<del>FRANKLIN, DAVID M</del>	<del>2745 NW 55TH BLVD</del>	<del>GAINESVILLE FL 32653</del>
<del>D</del>	<del>WILSON, RONALD W</del>	<del>2745 NW 55TH BLVD</del>	<del>GAINESVILLE FL 32653</del>
<del>D</del>	<del>HARRIS, JAMES</del>	<del>2745 NW 55TH BLVD</del>	<del>GAINESVILLE FL 32653</del>
D	Franklin, David M.	1201 W. Peachtree, Ste. 3145	Atlanta, Georgia 30309
D	Wilson, Ronald W.	1201 W. Peachtree, Ste. 3145	Atlanta, Georgia 30309
D	Harris, James	4824 Cypress Woods Dr., Ste. 269	Orlando, Florida 32811

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
**Paul Anderson**

Street Address (P.O. Box Number is Not Acceptable)  
**9355 Airport Blvd.**

Suite, Apt. #, Etc.

City  
**Orlando**

State Zip Code  
**FL 32827**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Paul Anderson*  
REGISTERED AGENT MUST SIGN

300002285709  
Date 12/21/99 1015 4

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

\*\*\*\$900.00 \*\*\*\$900.00  
(See other side for information  
on intangible tax.)

12. 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:

*S. L. P.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99

770.994.7475  
Daytime Phone #