

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

Mailing Address

2745 NW 55TH BLVD
GAINESVILLE FL 32653

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.

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

Suite, Apt. #, etc.
9355 Airport Blvd

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

City & State
Orlando, Florida

City & State
Atlanta, Georgia

Zip Country
32827 USA

Zip Country
30309 USA

Stg



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
D	FRANKLIN, DAVID M	2745 NW 55TH BLVD	GAINESVILLE FL 32653
D	WILSON, RONALD W	2745 NW 55TH BLVD	GAINESVILLE FL 32653
D	HARRIS, JAMES	2745 NW 55TH BLVD	GAINESVILLE FL 32653
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

9. Name and Address of New Registered Agent

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

Name **Paul Anderson**
Street Address (P.O. Box Number is Not Acceptable)
9355 Airport Blvd.
Suite, Apt. #, Etc.
City **Orlando** State **FL** Zip Code **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

300002285709-015 4
Date **12/21/97**

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

2-1-99 770-994-7475
Date Daytime Phone #

CR2E040 (9/96)