

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 23 PM 1:15

DOCUMENT # *P98 000015874*

1. Corporation Name

Residential Acquisitons, Inc.

**REINSTATEMENT** *0203*

*800016812488*  
04/23/03--01067--001 \*\*908.75

2. Principal Office Address

4301 Bayshore Blvd.

3. Mailing Office Address

4301 Bayshore Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33611

Country

Hillsborough

Zip

33611

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

02/17/1998

5. FEI Number

650839265

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

R. Wade Wetherington, Esquire

Street Address (P.O. Box Number is Not Acceptable)

400 N. Tampa Street

Suite, Apt. #, Etc.

2625

City

Tampa

State

FL

Zip Code

33602

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.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*4/16/03*

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
D	Randy A. White	4301 Bayshore Blvd.	Tampa, FL 33611
D	Paula M. White	4301 Bayshore Blvd.	Tampa, FL 33611

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:

*Paula M. White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/1/03*

Daytime Phone #

*8138059492*

CR2E081 (10/02)