

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:17

DOCUMENT #

998000020420

1. Corporation Name

R. W. Collections, Inc

c/o MARIA BARTUREN, ESQ

2. Principal Office Address

100 S.E. 2nd Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 2610

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33131

Country

USA

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

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

William Krekelier

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

100 S.E. 2nd STREET

Suite, Apt. #, Etc.

Suite 2610

City

Miami, FL

State

FL

Zip Code

33131

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

William Krekelier

REGISTERED AGENT MUST SIGN

Date

5-17-00

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
1/D 1/T	William Krekelier	19055 S.W. 128 Ave.	Miami, FL. 33177

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:

William Krekelier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00

Date

Daytime Phone #

CR2E081 (9/99)