

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

06 DEC -6 AM 10:12

DOCUMENT # P98000024376

1. Corporation Name

RCW Corporation

REINSTATEMENT

00-06

2. Principal Office Address

3501 Washington Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3501 Washington Rd

Suite, Apt. #, etc.

City & State

Valrico, Florida

Zip

33594

Country

USA

City & State

Valrico, Florida

Zip

33594

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/1998

5. FEI Number

593524534

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

Richard Womer

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

3501 Washington Rd.

Suite, Apt. #, Etc.

100

City

Valrico

State

FL

Zip Code

33594

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]

Date 9-29-06

REGISTERED AGENT MUST SIGN

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
PSTD	Richard Womer	3501 Washington Rd.	Valrico, Florida 33594

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 contained in Chapter 119, 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:

[Signature] - Richard Womer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-29-06

Date

813-684-0155

Daytime Phone #

2 of 2

September 29, 2006

To whom it may concern:

I Richard Womer, am writing this letter to explain that I did not receive
Any notice of annual report, that I failed to file in the year 2000.

Unfortunately I had stopped receiving mail at my then active post office box,
And did not supply a change of address to the department of the state.

Thank You



Richard Womer- PSTD- RCW Corporation