

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB -7 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088066122
02/13/07--01009--017 **758.75

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 02/07/1991

5. FEI Number 593055627 Applied For Not Applicable

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

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S30079

1. Corporation Name
REMSEN APARTMENTS, INC

2. Principal Office Address - No P.O. Box #
1724 S. HIGHLAND Park Dr

3. Mailing Office Address
1724 S. HIGHLAND Park Dr

Suite, Apt. #, etc.

City & State
LAKE WALES

City & State
LAKE WALES, FL

Zip Country Zip Country
33898 POLK-USA 33898 USA

7. Name and Address of Current Registered Agent

Name
ERIC R. WEAVER

Street Address (P.O. Box Number is Not Acceptable)
1724 S HIGHLAND Park Dr

Suite, Apt. #, Etc.

City State Zip Code
LAKE WALES FL 33898

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 FEB 2, 2007

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
P	ERIC R. WEAVER	1724 S. HIGHLAND Park Dr	LAKE WALES, FL 33898
VP	Robert G. WEAVER	1722 S. HIGHLAND Park Dr	LAKE WALES, FL 33898
T	NANCY K. WEAVER	1722 S HIGHLAND Park Dr	LAKE WALES, FL 33898

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] Date FEB 2, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #