

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -7 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200088066122

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

DOCUMENT # S30079

1. Corporation Name

REMSEN APARTMENTS, INC

2. Principal Office Address - No P.O. Box #

1724 S. HIGHLAND Park Dr

Suite, Apt. #, etc.

City & State

LAKE WALES

Zip

33898

Country

POWK-USA

3. Mailing Office Address

1724 S. HIGHLAND Park Dr

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33898

Country

USA

**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

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

LAKE WALES

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date FEB 2, 2007

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 2, 2007

Date

Daytime Phone #

B. Mitchell FEB 7 2007