

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 DEC 13 PM 6:29

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V71109

1 Corporation Name

R.W.A. ASSOCIATES, INC.

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

100 S E SECOND STREET

Suite, Apt. #, etc.

STE 4200

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

100 S E SECOND STREET

Suite, Apt. #, etc.

STE 4200

City & State

MIAMI, FL

Zip

33131

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1992

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

400293232384

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

Courtney Williams
Asst. Vice President

Date 12.13.16

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 |
|--------|--------------------------------------|---|--------------------|
| PD | MADORSKY, MARSHA G | 100 SE SECOND STREET, STE 4200 | MIAMI, FL 33131 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: jagamwell@duanemorris.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/16

Daytime Phone #

K. ASHTON

2282

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 417826 4384197

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : December 13, 2016

ORDER TIME : 9:28 AM

ORDER NO. : 417826-005

CUSTOMER NO: 4384197

DOMESTIC FILINGS

NAME: R.W.A. ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF
16 DEC 13 AM 10:53