

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000048147

1. Entity Name
SPECIALTY PRODUCTS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
2275 BRUNER LANE STE 6
FORT MYERS, FL 33912

Mailing Address
2275 BRUNER LANE STE 6
FORT MYERS, FL 33912

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005 REIN-P CR2E098 (6/04)

4. FEI Number

20-0914042

Applied For

Not Applicable

5. Certificate of Status Desired ☒ -

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEELMAN, CHRISTOPHER A
2275 BRUNER LANE STE 6
FORT MYERS, FL 33912

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STEELMAN, CHRISTOPHER A ☐ Delete
STREET ADDRESS 2275 BRUNER LANE STE 6
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Change ☐ Addition
NAME 700060727587
STREET ADDRESS 10/18/05--01079--017 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chris Steelman 10-14-05 239-481-4004

FILED
05 OCT 18 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

