

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 AUG 25 PM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 759793

1. Corporation Name  
*Southwest Regional Manufacturers  
Association Inc*

600134910596  
08/25/08--01053--010 \*\*\*358.75

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

*12800 University Dr*

3. Mailing Office Address

*12800 University Dr*

Suite, Apt. #, etc.

*300*

Suite, Apt. #, etc.

*300*

City & State

*Fort Myers, FL*

City & State

*Fort Myers, FL*

Zip

*33907*

Country

*US*

Zip

*33907*

Country

*US*

4. Date Incorporated or Qualified  
To Do Business in Florida

*8/24/98*

5. FEI Number

*59-249,751*

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

*Chester Sadler*

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

*9454 Begonia Ct*

Suite, Apt. #, Etc.

City

*Sanibel*

State

*FL*

Zip Code

*33957*

☐ 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

*Chester Sadler*

Date *8/21/08*

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
Pres	Douglas Grue	2635 NE 9th Ave Cape Coral FL 33909	CAPE CORAL FL 33909
VP	Scott Oley	6090 Supply Dr	FT MYERS FL 33912
Treasur	MAH Smith	PO Box 6187	FT MYERS FL 33911
Exec. Director	Chester Sadler	9454 Begonia Ct	Sanibel FL 33957

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:

*Chester Sadler* *Chester J Sadler* *8/21/08* *238-472-7257*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #