

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT 23 AM 11:21

CLERK OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 835730

1. Entity Name
SWENSEN'S REAL ESTATE CORPORATION



Principal Place of Business
4175 VETERANS HWY.
RONKONKOMA, NY 11779

Mailing Address
4175 VETERANS HWY.
RONKONKOMA, NY 11779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10052006

REIN-P

CR2E098 (11/05)

4. FEI Number
94-2317410

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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, 2007, 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 PD
NAME STEIN, DAVID
STREET ADDRESS 4175 VETERANS HIGHWAY
CITY ST ZIP RONKONKOMA, NY 11779 ☒ Delete

TITLE SD
NAME STEVENS, GARY P
STREET ADDRESS 4175 VETERANS HWY.
CITY ST ZIP RONKONKOMA, NY 11779 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE PRESIDENT/CEO
NAME AARON SERRUYA
STREET ADDRESS 8300 WOODBINE AVE
CITY ST ZIP MARKHAM, ONTARIO L3R 9Y7 CANADA ☐ Change ☒ Addition

TITLE VICE PRESIDENT/COO
NAME SIMON SERRUYA
STREET ADDRESS 8300 WOODBINE AVE
CITY ST ZIP MARKHAM, ONTARIO L3R 9Y7 CANADA ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 17/06 945-479 8762