

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 NOV 13 A 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000001522

1. Corporation Name

Bruce Swedien Enterprises, Ltd., Inc.

100162797201
11/13/09--01027--006 **300.00

CR2E081 (10/09)

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

5655 N.E. 31st Terrace

3. Mailing Office Address

5655 N.E. 31st Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/08/1970

5. FEI Number

36-2698826

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

Country

34479-6840 USA

Zip

Country

34479-6840 USA

7. Name and Address of Current Registered Agent

Name

Russell W. LaPeer, Esquire

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

445 N.E. 8th Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470



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 section 617.0503, F.S.

Signature of
Registered Agent

Russell W. LaPeer

Date 6 Nov. 2009

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
P	Bruce Swedien	5655 N.E. 31st Terrace	Ocala, Florida 34479-6840
S/T	Beatrice Swedien	5655 N.E. 31st Terrace	Ocala, Florida 34479-6840

REINSTATEMENT

10. E-mail Address: rlapeer@aol.com

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. 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.

SIGNATURE:

Bruce Swedien

Bruce Swedien

11/12/09

352-867-8505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#