

F10000005332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

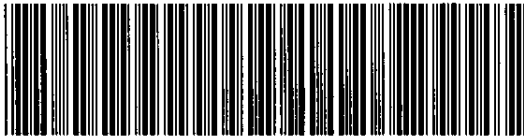
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:


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12/06/10--01033--002 **70.00

10 DEC -6 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



WA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Swenco Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

R M Tomasino

Name of Person

Swenco Inc.

Firm/Company

PO Box 1355

Address

Carrabelle, FL 32322

City/State and Zip code

accounting@posi-products.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

R M Tomasino

Name of Person

at (800) 785-2330 ext. 707

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



\$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Swenco Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri 3. 43-1745176
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04-02-1996 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 12/15/2010
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2501 Merva Rd. Poplar Bluff, MO 63901
(Principal office address)

PO Box 1355 Carrabelle, FL 32322
(Current mailing address)

8. Bookkeeping
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

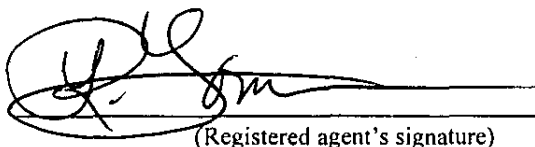
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: R M Tomasino

Office Address: 5032 Capital Circle SW Suite 2-200
Tallahassee, Florida 32305
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Guy Tomasino

Address: PO Box 1195

Carrabelle, FL 32322

Vice President: R M Tomasino

Address: PO Box 1195 Carrabelle, FL 32322

Secretary: R M Tomasino

Address: PO Box 1195 Carrabelle, FL 32322

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is 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.

14. _____

R M Tomasino Vice President / Secretary

(Typed or printed name and capacity of person signing application)

RECEIVED
AND
FILED
10 DEC 16 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CERTIFICATE OF RESCISSION


10 DEC -6 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, ROBIN CARNAHAN, Secretary of State of the State of Missouri, hereby certify that the forfeiture/administrative dissolution entered against

SWENCO, INC.
00424676

on the 25th day of August, 2010, as provided in the General and Business Corporation Law was this day rescinded, and said corporation was on this date hereby restored to good standing in the records of this office.

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, this
9th day of November, 2010.


Secretary of State

