

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -8 AM 11:16

DOCUMENT # F49609

1. Corporation Name

Southwest Pressure Grouting Inc.

600181831566
06/08/10--01027--007 **1050.00

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

4739 Pinfish Ct

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs

City & State

Zip

34134

Country

Lee

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

March 5, 1986

5. FEI Number

59-2183694

☐ 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

Tisdale, Richard D

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

4739 Pinfish Ct

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

REGISTERED AGENT MUST SIGN

Date **June 4, 2010**

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
PRESIDENT	Tisdale, Richard D	4739 Pinfish Ct	Bonita springs, FL 34134

REINSTATEMENT

PS 6/9/10

10. E-mail Address: **SWPG@comcast.net**

(To be used for future annual report notification)

11. 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, 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:

Richard D Tisdale

Richard Tisdale

June 4, 2010 239-947-8339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #