


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H88841		
1. Entity Name SOUTHWEST CONSTRUCTION OF FLORIDA, INC.		

Principal Place of Business 265 EAST MARION AVE SUITE 111 PUNTA GORDA, FL 33982 US	Mailing Address 265 EAST MARION AVE SUITE 111 PUNTA GORDA, FL 33982 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

FILED
04 NOV -2 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

4. FEI Number
59-2614904

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, JAMES I.
465 EAST MARION AVE
SUITE #111
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

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: James I. MONTGOMERY DATE: 11/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, 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 NAME STREET ADDRESS CITY-ST-ZIP	PDT MONTGOMERY, JAMES I 265 EAST MARION AVE STE.#111 PUNTA GORDA, FL 33950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042395247 11/02/04--01029--001 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: James I. Montgomery DATE: 11/1/04 DAYTIME PHONE #: 94-575-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR