

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

04 DEC 14 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60046**

1. Corporation Name

SOUTHWEST FLORIDA COAST HOMES, INC.

602 Weston Rd.

602 Weston Rd.

2. Principal Office Address

602 Weston Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

602 Weston Rd.

Suite, Apt. #, etc.

City & State

Lehigh Acres, FL

City & State

Lehigh Acres, FL

Zip

33936

Country

USA

Zip

33936

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/23/1989

5. FEI Number

650096696

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name

MARK A. DANIELS

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

602 Weston Rd.

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33936

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

Mark A. Daniels

Date 12-10-2004

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
PVST	MARK A. DANIELS	602 Weston Rd.	Lehigh Acres, FL 33936
D	MARK A. DANIELS	602 Weston Rd.	Lehigh Acres, FL 33936

100043406741
12/14/04--01048--014 **908.75

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Mark A. Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-10-2004

Date

877-745-2400

Daytime Phone #

CR2001 (01/04)