239 369 6282

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -2 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K60046

1. Corporation Name

SOUTHWEST FLORIDA COAST HOMES, INC.

REINSTATEMENT

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1140 Lee Boulevard | P.O. Box 1361 |
| Suite, Apt. #, etc.: Suite 101-102 | Suite, Apt. #, etc.: |
| City & State: Lehigh Acres, FL | City & State: Lehigh Acres, FL |
| Zip: 33936 Country: USA | Zip: 33970 Country: USA |

4. Date Incorporated or Qualified To Do Business In Florida: 1/23/1989

5. FEI Number: NA ☒ 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: JOHANN PFUNER

300061862553
12/02/05--01031--004 **758 75

Street Address (P.O. Box Number is Not Acceptable): 1140 Lee Boulevard, Suite 101-102

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: _____ Date: 11/7/05
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 | Josef Hoessinger | 1140 Lee Boulevard Suite 101-102 | Lehigh Acres, FL 33936 |
| D | Josef Hoessinger | 1140 Lee Boulevard Suite 101-102 | Lehigh Acres, FL 33936 |
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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: X _____ 11/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Empfangszeit 8. Nov. 15:38



B. Mitchell DEC 5 2005