FILED
12 MAY -3 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K79047

1. Corporation Name
SWS of Orlando

500209581905
07/01/11--01043--001 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3029 E. Sauth St.	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Orlando Fl.	
Zip / Country	Zip / Country
32803 Orange	

4. Date Incorporated or Qualified To Do Business in Florida 3/31/89

5. FEI Number 581835929 ☐ 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: Greg Smith

Street Address (P.O. Box Number is Not Acceptable): 3029 E. Sauth Street

Suite, Apt. #, Etc

City: Orlando Florida | State: FL | Zip Code: 32803

500209581905
05/04/12--01002--003 **450.00

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: [signature] REGISTERED AGENT MUST SIGN Date: 5/3/12

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
P	Greg Smith	3029 E. Sauth St	Orl Fl 32803
			S. HAWKES
			MAY - 2012
			EXAMINER

10. E-mail Address: _____
(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., and 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. I am 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.

SIGNATURE: [signature] 5/3/12 407-898-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #