

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAY -5 PM 4: 53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003087

1. Corporation Name

SWFN, LLC

2. Principal Office Address

12670 Whitehall Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Ft. Myers / FL

City & State

1

Zip

33907

Country

Zip

Country

200035441842

05/05/04--01015--020 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

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

Lane Carlin MD

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

12670 Whitehall Dr.

Suite, Apt. #, Etc.

City

Ft. Myers

State  
FL

Zip Code

33907

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]*

Date

4/23/04

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
P	Lane Carlin	12670 Whitehall Dr.	Ft. Myers, FL 33907

**REINSTATEMENT**

2002-04

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:

*[Signature]*

Lane Carlin

4/23/04

239 936-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

To whom it may concern,

2072  
4/23/04

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed check for \$150.00 represents payment for the years 2002, 2003 & 2004.

I have never recieved any notice to pay a corporate fee of \$50.00/yr. By chance, my accountant asked me about this fee this wk, which is when I learned of its requirement. I called your offices today + was told to pay this amount (\$150.00) to re-instate for this period of time.

I assume this will be corrected in the future so I will recieve annual notices of its due.

Sincerely  
Lane Carlin MD