

# LO2000010699

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **LO2000010699**

**1. Limited Liability Company's Name**

**Southwest Marine Group Realty, LLC**

**2. Principal Office Address**

**2416 Cape Coral Pkwy. W.**  
Suite, Apt. #, etc.

**3. Mailing Office Address**

**2416 Cape Coral Pkwy. W.**  
Suite, Apt. #, etc.

**City & State**

**Cape Coral, FL**

Zip **33914**

Country **US**

**City & State**

**Cape Coral, FL**

Zip **33914**

Country **US**

**4. State/Country of Formation**

**FL / US**

**5. Date Organized or Qualified To Do Business in Florida**

**5-3-2002**

**6. FEI Number**

**27-0001637**

**Applied For**

**Not Applicable**

**7. CERTIFICATE OF STATUS DESIRED ☐**

**\$5.00 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

**Name**

**Jerry Clawson**

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

**2416 Cape Coral Parkway West**

**Suite, Apt. #, Etc.**

**City**

**Cape Coral, FL**

**State**

**FL**

**Zip Code**

**33914**

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of Registered Agent**

*[Signature]*

REGISTERED AGENT MUST SIGN

**Date**

**4-1-05**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Jerry Clawson	2416 Cape Coral Pkwy. W.	Cape Coral, FL 33914

**500051144215**

**04/13/05 01007-005 \*\*250.00**

**REINSTATEMENT**

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager**

*[Signature]*

**Date**

**4-1-05**

**Daytime Phone #**

**239 872 5185**

**Typed or printed name of signing Managing Member/Manager**

**Jerry Clawson MGR**

CR2E041 (10/02)