

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 20 AM 10:37

DOCUMENT # L02000024370

1. Limited Liability Company's Name

SOUTHWEST INVESTORS, LLC

2. Principal Office Address - No P.O. Box #

16240 SW 101 Avenue

Suite, Apt. #, etc.

Miami, Florida

City & State

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33157

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/19/02

6. FEI Number

14-1849392

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

YVONNE THELWELL

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

16240 SW 101 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

900106641769  
07/24/07-01054-004 \*\*300.00  
Date

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
Manager	Yvonne Thelwell	16240 SW 101 Avenue	Miami, FL 33157
Manager	Arthur Thelwell	16240 SW 101 Avenue	Miami, FL 33157

FF \$250  
RF 100

REINSTATEMENT  
2003-2007

BLT

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

Date

7/17/07

Daytime Phone #

305-256-9442

Typed or printed name of signing Managing Member/Manager

Yvonne Thelwell

Arthur Thelwell