

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL 23 P 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L03000044834

1. Limited Liability Company's Name

SOUTH WEST SAFETY LLC

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

4426 SW 12TH PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

3. Mailing Office Address

4426 SW 12TH PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33914

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/17/2003

6. FEI Number
510490197

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

JOAN OLINDER

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

14160 MONTAUK LANE

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33919

☐ 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

Joan Olinder

REGISTERED AGENT MUST SIGN

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
MGR	JOAN OLINDER	14160 MONTAUK LANE	FT MYERS FL 33919
MGR	JOE ENGELHARD	4426 SW 12TH PLACE	CAPE CORAL FL 33914

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REINSTATEMENT

06-08 AL

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

Joan Olinder

Date **7-15-08**

Daytime Phone #

239-839-2629

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