

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

07 NOV -6 PM 12:23

DOCUMENT # L04000073204

1. Limited Liability Company's Name

SOUTHWEST INVESTMENT  
GROUP, L.L.C.

CR2E041 (1/07)

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

3106 SURFSIDE BLVD

3. Mailing Office Address

3106 SURFSIDE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

City & State

CAPE CORAL FL.

Zip

33914

Country

USA

Zip

33914

Country

USA

4. State/Country of Formation

USA, Florida

5. Date Organized or Qualified  
To Do Business in Florida

10-6-04

6. FEI Number

20-1749715

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

PATRICK J. BUCKLEY

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

1633 S.E. 47 TERRACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33910

☒ 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

P. Buckley

REGISTERED AGENT MUST SIGN

Date 11-1-07

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	JOSEPH M. TAYLOR JR.	3106 SURFSIDE BLVD	CAPE CORAL FL 33914
MGR	LISA C. TAYLOR	3106 SURFSIDE BLVD	CAPE CORAL FL 33914

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11/05/07--01027--006 \*\*150.00

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

Joseph M. Taylor Jr.

Date 11-1-07

Daytime Phone # 407-977-4296

Typed or printed name of signing Managing Member/Manager

JOSEPH M. TAYLOR JR.