

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 CORPORATION

08 APR 25 PM 3:44

DOCUMENT # L04000086353

1. Limited Liability Company's Name

SW FL Investment LLC

800125143058
04/23/08--01002--007 **327.50

CR2E041 (12/07)

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

14967 Amberjack Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

14967 Amberjack Terrace

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34202

Country

USA

City & State

Bradenton, FL

Zip

34202

Country

USA

4. State/Country of Formation

Florida

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

12/1/2004

6. FEI Number

76-0772635

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

Milko A. Danieli

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

4967 Amberjack Terrace

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34202

☒ 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

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
MGRM	Milko A. Danieli	14967 Amberjack Terrace	Bradenton, FL 34202
MGRM	Nora C. Danieli	14967 Amberjack Terrace	Bradenton, FL 34202

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

1-15-08

Daytime Phone #

941 782 5360

Typed or printed name of signing Managing Member/Manager