

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 25 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L25820

1. Corporation Name

Astor S & W Enterprises, Inc.

2. Principal Office Address

25127 Pearl Street

Suite, Apt. #, etc.

P.O. Box 779

City & State

Astor FL

Zip

32102

Country

lake

3. Mailing Office Address

25127 Pearl Street

Suite, Apt. #, etc.

P.O. Box 779

City & State

Astor, FL

Zip

32102

Country

lake

REINSTATEMENT

04

10/25/04 01082 014 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2981019

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William P. Guy

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

25127 Pearl Street

Suite, Apt. #, Etc.

City

Astor

State

FL

Zip Code

32102

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 10/21/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	William P. Guy	25127 Pearl Street	Astor, FL 32102
T	Edith Guy	25127 Pearl Street	Astor, FL 32102

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04
Date

(352) 967-0603
Daytime Phone #

CR2E081 (01/04)

Midway Marine
25127 Pearl Street
PO Box 779
Astor, FL 32102
(352)759-3838 Fax (352)759-3866

October 21, 2004

Astor S & W Enterprises, Inc.
dba/ Midway Marine

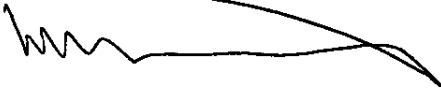
Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

We apologize for not filing our "2004" Uniform Business Report. We did not receive it by mail. When we unpacked from the storms we noticed we had missed filing by the post card.

We ask for reinstatement fee please be waived at this time.

Your assistance in this matter is greatly appreciated.

Sincerely,

A handwritten signature in dark ink, appearing to read 'William P. Guy', with a long, sweeping horizontal stroke extending to the right.

William P. Guy