

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 27 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L48277

**1. Corporation Name**

Southwest Quilted Products, Inc.

**2. Principal Office Address**

9654 Siempre Viva Road

Suite, Apt. #, etc.

City & State

Otay Mesa, California

Zip

92154

Country

USA

**3. Mailing Office Address**

9654 Siempre Viva Road

Suite, Apt. #, etc.

City & State

Otay Mesa, California

Zip

92154

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/02/1990

**5. FEI Number**

592988462

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 01

**7. Name and Address of Current Registered Agent**

Name

Frances O. Ruiz

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

833 Horseshoe Bay Drive

Suite, Apt. #, Etc.

City

Kissimme

State

FL

Zip Code

34741-7417

**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

*Frances O. Ruiz*

REGISTERED AGENT MUST SIGN

Date 3-16-01

**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
D/CEO	Joe E. Robertson	9654 Siempre Viva Road	Otay Mesa, CA 92154
D/P	Koni Kim Scott	9654 Siempre Viva Road	Otay Mesa, CA 92154

**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

Joe E. Robertson

March 16, 2001 (619) 205-5699

Date

Daytime Phone #

CR2E081 (9/00)