

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M40278

1. Corporation Name

SWEDISH SOLUTION, INC.

Principal Place of Business

5801 S.W. 70 ST.
S. MIAMI FL 33143

Mailing Address

5801 S.W. 70 ST.
S. MIAMI FL 33143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1986

5. FEI Number

59-2762864

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	BLOCK, JEFFREY	5801 S.W. 70 ST.	S. MIAMI FL , 33134
D	BLOCK, JEFFREY	5801 S.W. 70 ST.	S. MIAMI FL , 33134
VD	ALVAREZ, LOUIS	5801 S.W. 70 ST.	S. MIAMI FL , 33134

100008624571
10/28/02--01079--001 **150.00

8. Name and Address of Current Registered Agent

BLOCK, JEFFREY
5801 S.W. 70 ST.
S. MIAMI FL 33143

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

x 10/24/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

x 10/24/02 x

Daytime Phone #

October 22, 2002

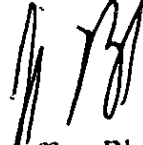
Division of Incorporation
Annual Report/ Reinstatement Section
P.O. Box 6327
Tallahassee FL 32314-6327

RE: Uniform Business Report
Document #: M40278
Corporation Name: Swedish Solution, INC.
EIN: ~~59-2762864~~

Dear Sir or Madam:

Attached you will find the Uniform Business Report for 2002 with a check for the amount of \$150.00. This is the first notice I received; the Company did not receive prior notices to file the report in 2002. I respectfully request that the late fee be waived.

Sincerely,



Jeffrey Block

Attach.: 1. Uniform Business Report