

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 21 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001529

1. Limited Liability Company's Name
SW Property, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 3828 Pine Lake Drive		3. Mailing Office Address 3828 Pine Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33332	Country US	Zip 33332	Country US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
12/14/1998

6. FEI Number
431830992

<input type="checkbox"/>	Applied For
<input type="checkbox"/>	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 Francelia M. Pena		
Street Address (P.O. Box Number is Not Acceptable) 3828 Pine Lake Drive		
Suite, Apt. #, Etc.		
City Weston	State FL	Zip Code 33332

500265649685
10/21/14--01020--012 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Juan Carlos Pena	1256 Manor Dr. S.	Weston, FL 33326
MGRM	Francelia M. Pena	3828 Pine Lake Drive	Weston, FL 33332

11. E-mail Address: **margaritapena@mac.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **10/14/14**

Daytime Phone #

(954) 651-5099

Typed or printed name of signing Authorized Representative/Manager **Francelia M. Pena**