

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 20 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003042

1. Corporation Name

SWFTR, Inc.

2. Principal Office Address

5207 2nd. Street West

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Lehigh Acres

City & State

Zip

33917

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/03

5. FEI Number

59-3692180

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

Joe Moulton

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

5207 2nd Street West

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33917

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

Joseph D. Martin
REGISTERED AGENT MUST SIGN

Date

1/12/05

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	Joe Moulton	5207 2nd Street West	Lehigh Acres, FL 33917
VP	Brain Thacker	2372 Chandler Ave.	Ft. Myers, FL 33907
Trea	Mike Pressler	5810 Westport Lane	Naples, FL 34116
Sect	Tony Dooner	330 15th Street SW	Naples, FL 34117

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:

Tony Dooner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/12/05 239-455-8206

Daytime Phone #

CR2E081 (01/04)