

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 APR -2 AM 8:26

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

042409

1. Corporation Name

SOUTHWEST REGIONAL COMMERCE AND TRADE
CENTER OWNERS ASSOCIATION, INC.

W09-13813

2. Principal Office Address - No P.O. Box #

11300 Lindbergh, Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 103

City & State

Fort Myers, Florida

City & State

Zip

33913

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1991

5. FEI Number
65-0424944

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-09ks

7. Name and Address of Current Registered Agent

Name

BRIAN OWENS

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

11300 LINDBERGH BLVD.

Suite, Apt. #, Etc.

103

City

Fort Myers

State

FL

Zip Code

33913

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/30/2009

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
D	Brian Owens	11300 Lindbergh, Blvd. #103	Fort Myers, Florida 33913
D	Larry McKnight	13350 Rickenbacker Parkway	Fort Myers, Florida 33913
D	Keith Banasiak	13110 Rickenbacker Parkway	Fort Myers, Florida 33913

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 contained in Chapter 119, 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:

Brian Owens

March 19, 2009 (239) 466-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #