

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # N48114

1. Corporation Name

THE SWEDISH-AMERICAN CHAMBER OF COMMERCE, SOUTH
FLORIDA, INC.

Principal Place of Business

Mailing Address

1200 ANASTASIA AVE ONE SE THIRD AVE
SUITE 1200 SUITE 1200
CORAL GABLES FL 33134 MIAMI, FL
US 33131 US 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

ONE S.E. THIRD AVE
SUITE 1200

ONE SE THIRD AVE
SUITE 1200

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33131 USA

Zip Country
33131 USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1992

5. FEI Number

65-0339364

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	STENSTROM, KARL CARLSON, CURTIS	6501 GRANADA BLVD ONE SE THIRD AVE, SUITE 1200	CORAL GABLES FL 33146 MIAMI, FL 33131
WOB	ISRAELSSON, BO HAMPUS	536 WESTMOUNT LANE	VENICE FL 34283
PD	HELLMAN, GORAN	2053 MONTEPIELAR	WESTON FL 33326
SD	ANDREASEN, JAN E	9700 NW 3RD COURT 533 NW 87 WAY	CORAL SPGS FL 33071
ID	BERGER, NIELS	1221 BRICKELL AVE, STE. 040	MIAMI FL
VD	HAEGER, JONAS	540 BRICKEL KEY DR, 308	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANDREASEN, JAN E 9700 NW 3RD COURT CORAL SPGS FL 33071	CURTIS CARLSON ONE S.E. THIRD AVE SUITE 1200 MIAMI, FL 33131	Name CURTIS CARLSON Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVE Suite, Apt. #, Etc. SUITE 1200 City MIAMI State FL Zip Code 33131
--	---	--

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.

Signature of Registered Agent Curtis Carlson Date 9/21/01
REGISTERED AGENT MUST SIGN

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: Curtis Carlson CHAIRMAN Date 9/21/01 Daytime Phone # 305.372.3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 SEP 24 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200004617162--3
-10/01/01--01020--013
****358 75 ****358 75



REINSTATEMENT

99-01

CR20040 (8/99)