

**2007 NOT-FOR-REINSTATEMENT**

FILED

2007 DEC 17 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11282007 REIN-RS CR2E099 (1/07)

**REINSTATEMENT**

**DOCUMENT # N99000003933**  
1. Entity Name  
**SIWEL, INC.**



Principal Place of Business  
118-11924 FOREST HILL BLVD, SUITE 22  
WELLINGTON, FL 33414

Mailing Address  
118-11924 FOREST HILL BLVD, SUITE 22  
WELLINGTON, FL 33414

2. Principal Place of Business - No P.O. Box #  
*11924 Forest Hill Blvd.*

3. Mailing Address  
*11924 Forest Hill Blvd.*

Suite, Apt. #, etc.  
*Suite # 22-118*

Suite, Apt. #, etc.  
*Suite # 22-118*

City & State  
*WELLINGTON, FL 33414*

City & State  
*WELLINGTON, FL 33414*

Zip  
*33414*

Country  
*USA*

Zip  
*33414*

Country  
*USA*

4. FEI Number  
58-2290045

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAIR, LINDA  
11924 FOREST HILL BLVD STE 22 PMB-118  
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name *MA*

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

City *FL* Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Linda J. McNair* DATE *12/11/2007*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2008, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAIR, LINDA 11924 FOREST HILL BLVD STE 22 PMB-118 WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600113191536</b> 12/17/07--01037--011 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, R.W. PO BOX 8502 DEERFIELD BEACH, FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBERSON, MARKUS 6816 BAY POINT DR MACON, GA 31220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda J. McNair* DATE *12/11/2007* DAYTIME PHONE # *(561) 791-8592*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR