

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P00000012124**

1. Corporation Name

SWISO (USA), INC.

Principal Place of Business

**5418 LEATHER SADDLE LN.
BROOKSVILLE FL 34609**

Mailing Address

**5418 LEATHER SADDLE LN.
BROOKSVILLE FL 34609**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/2000

5. FEI Number

59-3667282

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MOSER, RENE O	5418 LEATHER SADDLE LN.	BROOKSVILLE FL 34609

500004679345--6
-11/15/01--01001--004
*******750.00 *****750.00**

B7/13

8. Name and Address of Current Registered Agent

**CARTER, DAVID R
7419 U.S. HWY. 19
NEW PORT RICHEY FL 34652**

9. Name and Address of New Registered Agent

Name **MOSER, RENE**
Street Address (P.O. Box Number is Not Acceptable)
5418 LEATHER SADDLE LN
Suite, Apt. #, Etc.
City **BROOKSVILLE** State **FL** Zip Code **34609**

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

23/10/01

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:

MOSER RENE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23/10/01

Date

Daytime Phone #