


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		<i>John Harris</i> Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P00000064143

1. Corporation Name

SWBC, INC.

Principal Place of Business

24295 U.S. HIGHWAY 331 SOUTH
SANTA ROSA BEACH FL 32459

Mailing Address

POST OFFICE BOX 1709
SANTA ROSA BEACH FL 32459

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****500.00 ****500.00



REINSTATEMENT

B 01

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

06/29/2000

5. FEI Number

59-3417697

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEE, ROBERT E III	POST OFFICE BOX 1712	SANTA ROSA BEACH FL 32459
D	BISHOP, VERNON R	POST OFFICE BOX 1182	SANTA ROSA BEACH FL 32459
D	HICKS, HUBERT	51 LAUREN LANE	SANTA ROSA BEACH FL 32459
D	JOHNSON, DAVID E	419 PITTS BAYSHORE DRIVE	FREEPORT FL 32439
D	MITCHELL, KADDY	257 OVERLOOK DRIVE	DESTIN FL 32541

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****158.75 ****158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEE, ROBERT E III
1027 E. MACK BAYOU DRIVE
SANTA ROSA BEACH FL 32459

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Robert E. Lee III

REGISTERED AGENT MUST SIGN

Date

10/24/01

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:

Robert E. Lee III ROBERT E. LEE III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/01

Daytime Phone #

850 267-3724