

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04-MAR-11-PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P010000 20102

**1. Corporation Name**

SWISS EASTERN, INC

**2. Principal Office Address**

202 South 22nd St.

Suite, Apt. #, etc.

Suite 308

City & State

Tampa, FL

Zip

33605

Country

U.S.A

**3. Mailing Office Address**

202 South 22nd St.

Suite, Apt. #, etc.

Suite 308

City & State

Tampa, FL

Zip

33605

Country

U.S.A

**REINSTATEMENT**

02-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Feb 22, 2001

**5. FEI Number**

59-3711578

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Craig R Minsky

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

112 South Armenia Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

100030256491  
03/11/04-01014-002 \*\*\*4575

**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

Craig R Minsky

Date

3/8/04

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
P	Adnan Arif	202 South 22nd St. Suite 308	Tampa, FL, 33605

**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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2004

Date

813-486-6195

Daytime Phone #

CR2E081 (01/04)

B3