

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -6 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000031556

1. Corporation Name

shlomo SWISSA ENTERPRISE CORP

2. Principal Office Address

2401 NW 5th AVE

Suite, Apt. #, etc.

#2

City & State

miami FL

Zip

33127

Country

USA

3. Mailing Office Address

2401 NW 5th AVE

Suite, Apt. #, etc.

#2

City & State

miami FL

Zip

33127

Country

USA

2002-2003
UBR

300016667073

04/22/03--01052--012 **300.00

UBR
2203

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

371434864

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$975 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

shlomo SWISSA

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

2401 NW 5th AVE

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33127

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

REGISTERED AGENT MUST SIGN

Date

4/15/03

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
PVC	shlomo SWISSA	2401 NW 5th AVE	miami FL 33127

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

Date

4/15/03

Daytime Phone #

855720508

CR2E081 (10/02)