PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 21 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # P01000036280

1. Corporation Name
Swett Enterprises, Inc.

2. Principal Office Address	3. Mailing Office Address
1926 Powell Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W.P.B. FL	City & State: SAME
Zip: 33411 Country: PALM Beach	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/10/01

5. FEI Number: 65-1090338 ☐ 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: Barry C. Swett
Street Address (P.O. Box Number is Not Acceptable): 1926 Powell Rd
Suite, Apt. #, Etc.:
City: WPB State: FL Zip Code: 33411

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: [signature] REGISTERED AGENT MUST SIGN Date: 11-19-02

CR2E081 (10/01)

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,D	Barry C. Swett	1926 Powell Rd	WPB FL 33411
S,T	Elizabeth Swett	1926 Powell Rd	WPB FL 33411

900009150679
11/21/02--01020--003 **70.00

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(5)(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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11-19-02 Daytime Phone #: 561-333-3350

ACCOUNT NO. : 072100000032

REFERENCE : 829633 7358103

AUTHORIZATION :

COST LIMIT : $ PREPAID

ORDER DATE : November 21, 2002

ORDER TIME : 10:58 AM

ORDER NO. : 829633-005

CUSTOMER NO: 7358103

CUSTOMER: Mr. Barry Swett
Swett Enterprises, Inc.
1926 Powell Road

West Palm Beach, FL 33411

RECEIVED
02 NOV 21 PM 12:56
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: SWETT ENTERPRISES, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS _____