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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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



FILED

02 DEC 16 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000054775**

1. Corporation Name

**SOUTHWEST MANAGEMENT Holdings Inc.**

2. Principal Office Address

**4012 N FLORIDA AVE**

3. Mailing Office Address

**P.O. Box 93580**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FL 33604**

City & State

**LAKELAND FL**

Zip

**33604**

Country

**USA**

Zip

**33804**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**5/25/2001**

5. FEI Number

**NOTE**

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

**DAVID PORTES A**

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

**4200 WEST CYPRESS ST.**

Suite, Apt. #, Etc.

**Suite 479**

City

**Tampa**

State

**FL**

Zip Code

**33607**

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

**12/10/2002**

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
D	- Susan Director	4012 N Florida Ave	Tampa FL

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/10/2002 813-765 9764**

Date

Daytime Phone #

CR2E081 (8/01)

PS

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**SouthWest  
Management  
Holdings Inc**

# Memo

**To:** Dept of State

**From:** D Fontes

**CC:**

**Date:** 12/11/2002

**Re:** Re Reinstatement Issue #P01000054775

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Enclosed Please find a check for 150.00 to reinstate this company. We would greatly appreciate if you would be kind enough to wave the extra reinstatement fee do to the fact that we did not receive the application r any of the notices for the annual report the address was incorrectly in the file, we will make the changes on the enclosed report we thank you for your understanding on this matter.

Sincerely,

D. Fontes