

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -5 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA1000085354**

1. Corporation Name

SW INVESTORS, INC.

2. Principal Office Address - No P.O. Box #

5025 Damson Ct.

Suite, Apt. #, etc:

City & State

Orlando, Florida

Zip

32821

Country

USA

3. Mailing Office Address

5025 Damson Ct.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32821

Country

USA

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2001

5. FEI Number

59-3737519

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

Thomas P. Moss, Esquire

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

8913 Conroy Windermere Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Thomas P. Moss

REGISTERED AGENT MUST SIGN

Date **10/4/07**

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.S.	Melissa Wykle	5201 Warrior Lane Kissimmee, FL 34746	Kissimmee, FL 34746
VP.T.	Richard Shoucair	5025 Damson Ct	Orlando, FL 32821
O			

000110741750
10/12/07--01061--013 **1350.00

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 contained in Chapter 119, 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:

Richard Shoucair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-07

Date

407 492 8971

Daytime Phone #