

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
SWI DIGITAL.COM INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

03/16/2010 14:33 12464345795

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PAGE 03

MAR-16-2010 13:11 From: Genbridge Family Inc 935 332 0601

To: 12464345795

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000122067

1. Corporation Name
SWI Digital.com Incorporated

2. Principal Office Address - No P.O. Box #
50 Queen Street North
Suite, Apt. 2, etc.
SUITE 10520
City & State
Kitchener, Ontario
Zip Country
N2H 6M2 Canada

3. Mailing Office Address
50 Queen Street North PO Box 2248
Suite, Apt. 2, etc.
PO Box 2248
City & State
Kitchener, Ontario
Zip Country
N2H 6M2 Canada

7. Name and Address of Current Registered Agent
Name
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
Suite, Apt. 2, etc.
City
TALLAHASSEE
State
FL
Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0502, F.S.
Signature of Registered Agent
Sue G. Knight
as its agent
Date
3-17-10
REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Tim Nye	61 Chartwell Drive	Oakville, Ontario L6J 3Z3

10. E-mail Address:

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been withdrawn, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: *Tim Nye* Tim Nye President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 17 AM 9:33

REINSTATEMENT 08-10
CR2E081 (1/09)

KS

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.

Date 3-17-10

Date
Daytime Phone #