PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

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10/24/03--01019--024 **150.00

DOCUMENT # P02000119807

1. Corporation Name

S C W I, INC.

Principal Place of Business	Mailing Address
~~7191 N. PLUMTREE~~ ~~PUNTA GORDA FL 33955-1166~~ 20 PERUVIAN LANE ORMOND BEACH, FL 32174-1430	~~7191 N. PLUMTREE~~ ~~PUNTA GORDA FL 33955-1166~~ 20 PERUVIAN LANE ORMOND BEACH, FL 32174-1430

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/2002

5. FEI Number (EIN): 32-0083637 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	AIKEN, WINFRED T JR.	~~7191 N. PLUMTREE~~ 20 PERUVIAN LANE	~~PUNTA GORDA FL 33955~~ 32174-1430 ORMOND BEACH, FL
D	HALVERSON, SCOTT A	~~7191 N. PLUMTREE~~ 20 PERUVIAN LANE	~~PUNTA GORDA FL 33955~~ 32174-1430 ORMOND BEACH, FL

8. Name and Address of Current Registered Agent

AIKEN, WINFRED T JR.
~~7191 N. PLUMTREE~~
~~PUNTA GORDA FL 33955-1166~~
20 PERUVIAN LANE
ORMOND BEACH, FL 32174-1430

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Winfred T. Aiken, Jr. (SIGNATURE) WINFRED T. AIKEN, JR. P. Date: 10-21-03

REGISTERED AGENT MUST SIGN

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 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: Winfred T. Aiken, Jr. (SIGNATURE) WINFRED T. AIKEN, JR. P. 10-21-03 386-672-6734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OBEE'S SCWI INC
20 PERUVIAN LANE
ORMOND BEACH, FL 32174-1430
1- 386- 672- 6734

OCTOBER 21, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE FLORIDA 32314

REFERENCE: REINSTATEMENT APPLICATION

THIS IS TO CERTIFY THAT DID NOT RECEIVE YOUR UBR NOTICES, DUE TO OUR MOVING FROM PUNTA GORDA, FLORIDA TO ORMOND BEACH, FLORIDA ON DECEMBER 15, 2002. WE FAILED TO SEND YOU A CHANGE OF ADDRESS NOTICE. FOR THIS WE APOLOGIZE.

THANK YOU.

Manfred T. Aiken Jr.

MANFRED T. AIKEN, JR. PRESIDENT
OBEE'S SCWI INC.