

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 NOV 18 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000072113

1. Corporation Name

Permits, etc. of SW FIA, INC.

2. Principal Office Address

2244 Hemingway Drive

Suite, Apt. #, etc.

G

City & State

Fort Myers, FL

Zip

33912

Country

U.S.

3. Mailing Office Address

2816 SW 29th Ave.

Suite, Apt. #, etc.

N/A

City & State

Cape Coral, FL

Zip

33914

Country

U.S.

REINSTATEMENT 04-05  
CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

6-30-2003

5. FEI Number

331068451

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

ANNA M. B. Squatebrijs

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

2816 SW 29th Avenue

Suite, Apt. #, Etc.

N/A

City

Cape Coral

State

FL

Zip Code

33914

600061687638  
11/28/05--01003--013 \*\*\*400.00

600061687638  
11/28/05--01003--014 \*\*\*500.00

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

*Anna M. B. Squatebrijs*  
REGISTERED AGENT MUST SIGN

Date

10-6-05

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, T	ANNA M. B. Squatebrijs	2816 SW 29th Avenue	Cape Coral, FL 33914
V.	Bruce E. Squatebrijs	2816 SW 29th Avenue	Cape Coral, FL 33914
S	Lisa M. Scofield	487 Lemhurst Ave. S.	Lehigh, FL 33936

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)(l), 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:

*Anna M. B. Squatebrijs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-6-2005 239-980-4124

Daytime Phone #