

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000079066

1. Entity Name
SPEAK OUT SWFLA, INC.



FILED

04 NOV -3 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2222 SECOND ST
FT MYERS, FL 33901**

Mailing Address
**2222 SECOND ST
FT MYERS, FL 33901**



2. Principal Place of Business
**7800 UNIVERSITY POINTE DR
Suite, Apt., etc. **SUITE 200**
City & State **FORT MYERS, FL.**
Zip **33907** Country **USA****

3. Mailing Address
**7800 UNIVERSITY POINTE DR
Suite, Apt., etc. **SUITE 200**
City & State **FORT MYERS, FL.**
Zip **33907** Country **USA****

10212004 REIN-P CR2E098 (6/04)

4. FEI Number
57-1182908

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**JURSINSKI, KEVIN F
2222 SECOND ST
FT MYERS, FL 33901**

7. Name and Address of New Registered Agent
Name
DARLENE JURINSKI
Street Address (P.O. Box Number is Not Acceptable)
**7800 UNIVERSITY POINTE DR
SUITE 200
City **FORT MYERS** FL Zip Code **33907****

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Darlene Jurinski* DATE **10/28/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JURSINSKI, DARLENE K 2222 SECOND ST FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300042436 P13 11/03/04--01031--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, ELIZABETH A 2222 SECOND ST FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Darlene Jurinski* DATE **10/28/04** (239) 337-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR