2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 NOV 14 [illegible]

REINSTATEMENT 2006

DOCUMENT # P03000112805

1. Entity Name
FLORIDA SOUTHWEST MARKETING, INC.

Principal Place of Business	Mailing Address
3520 THOMASVILLE ROAD SUITE 200 TALLAHASSEE, FL 32309	3520 THOMASVILLE ROAD SUITE TALLAHASSEE, FL 32309

2. Principal Place of Business		3. Mailing Address	
		3520 Thomasville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200	
City & State		City & State Tallahassee, FL	
Zip	Country	Zip 32309	Country

4. FEI Number 55-0850948 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BYRNE, D. ANDREW
3520 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name: Charles L. Cooper, Jr.
Street Address (P.O. Box Number is Not Acceptable): 3520 Thomasville Road
Suite 200
City: Tallahassee FL Zip Code 32309

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: Charlie L. Cooper Jr — DATE: 11/10/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEEN, JONATHAN W PO BOX 420367 ATLANTA, GA 30342	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500081770525 11/14/06--01065--019 **750.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ________ 11-7-06

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