

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 SEP 26 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-07

CR2E081 (1/07)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000118193

1. Corporation Name
Southwest Properties and Mobile
Home Sales, Inc
2308 Espana Real
West Palm Beach, FL 33415

2. Principal Office Address - No P.O. Box #
2308 Espana Real

3. Mailing Office Address
2308 Espana Real

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33415

Country

USA

Zip

33415

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/03

5. FEI Number

65-0229751

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

Gale C Jackson

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

2308 Espana Real

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33415

☒ 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.

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

Gale C Jackson

Date

9/24/07

REGISTERED AGENT MUST SIGN

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
D	Gale C. Jackson	2308 Espana Real	West Palm Beach, FL 33415
D	George Hoffman	2308 Espana Real	West Palm Beach, FL 33415

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09/28/07--01031--011 **450.00

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 contained in Chapter 119, 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:

Gale C Jackson

9/24/07

561-346-1682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/07