

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 SEP 15 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000086823

1. Corporation Name

SWIFT CONNECT INC.

2. Principal Office Address - No P.O. Box #

2030 SW 67 Avenue
Suite, Apt. #, etc.

3. Mailing Office Address

2173 Renaissance Blvd
Suite, Apt. #, etc.

City & State

MIRAMAR Florida

City & State

MIRAMAR Florida

Zip

33023

Country

USA

Zip

33025

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/16/2005

5. FEI Number

161726767

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

CHRISTOPHER BROWN

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

2030 SW 67 Ave

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33023

☒ 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.

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09/19/08--01008--002 **308.75

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

[Signature]

Date 9/16/08

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
PD	DONALD DAGOSTA	2173 Renaissance Blvd	MIRAMAR FL 33025
VP	INGRID CAMPBELL	4834 NW 14 Drive	COCONUT CREEK FL 33063
OFFICE	Alex Binger	5711 Lime Hill Rd	LAUDERHILL FL 33319
OFFICE	Orlando Bowes	7113 NW 49th St	LAUDERHILL FL 33319
OFFICE	ETHAN McLaughlin	821 Cherry Rd	WEST PALM BEACH FL 33409

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:

[Signature]

Donald DAGOSTA

9/16/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #