

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000077428

Entity Name: SWIFTFORM SYSTEMS, INC.

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4045 SHERIDAN AVE  
SUITE #244  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

**Current Mailing Address:**

4045 SHERIDAN AVE  
SUITE #244  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 27-0937763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BOYENNE, KAMELA  
4045 SHERIDAN AVE  
SUITE #244  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: KAMELA BOYENNE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOYENNE, JONATHAN R  
Address: 4045 SHERIDAN AVE, SUITE #244  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: SEC  
Name: BOYENNE, KAMELA  
Address: 4045 SHERIDAN AVE, SUITE #244  
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP  
Name: BOYENNE, JONATHAN R  
Address: 4045 SHERIDAN AVE, SUITE #244  
City-St-Zip: MIAMI BEACH, FL 33140 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAMELA BOYENNE

SEC

10/04/2010

Electronic Signature of Signing Officer or Director

Date