

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 MAY 28 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-93000009228

1. Corporation Name

S W FLA LAND & HOMES, INC

Principal Place of Business

Mailing Address

12050 WEDGE DRIVE
FORT MYERS, FL 33913

300002196123--7
-05/30/97--01058--024
****915.00 ****915.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
(see above)

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/1/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0529863

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BODO KROMBACH	12050 WEDGE DRIVE	FORT MYERS, FL 33913
VP/S	EDITH KROMBACH	12050 WEDGE DRIVE	FORT MYERS, FL 33913

REINSTATEMENT

8. Name and Address of Current Registered Agent

ROSE B. WACK
904 LEE BLVD., #104
LEHIGH ACRES, FL 33936

9. Name and Address of New Registered Agent

Name
RICHARD R. RICCIANI
Street Address (P.O. Box Number is Not Acceptable)
6371-4 PRESIDENTIAL COURT
Suite, Apt. #, Etc.
City
FORT MYERS
State
FL
Zip Code
33919

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Richard R. Ricciani

Richard R. Ricciani

Date

5/14/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Bodo Krombach

BODO KROMBACH

5/21/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (12/96)