

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **993000054034**

1. Corporation Name

Southwest Rental Corp.

2. Principal Office Address
1808 Waterford Drive

3. Mailing Office Address
1808 Waterford Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Yardley, PA

City & State
Yardley, PA

Zip
19067

Country
YSA

Zip
19067

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/2/1993

5. FEI Number
65-0426467

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 06-07

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Stephen R. Tranovich

Street Address (P.O. Box Number is Not Acceptable)
4811 Island Pond Ct.

Suite, Apt. #, Etc.
Suite 1003

City
Bonita Springs

State
FL

Zip Code
34134

900088906359
02/21/07--01028--028 **900.00

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

REGISTERED AGENT MUST SIGN

Date **2/4/07**

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
PTSD	Thomas S. Tranovich	1808 Waterford Drive	Yardley, PA 19067

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:

Thomas S. Tranovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07
Date

267-981-7502

Daytime Phone #