

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

DOCUMENT # *P930000082490*

1. Corporation Name

SWED AVIATION, INC.

97 OCT 27 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

6064 OKEECHOBEE

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

2. New Principal Office Address, If Applicable

606 ANDERSON CIRCLE

Suite, Apt. #, etc.

108

City & State

DEARFIELD BEACH, FLORIDA

Zip

33441

Country

PALMBEACH

3. New Mailing Office Address, If Applicable

606 ANDERSON CIRCLE

Suite, Apt. #, etc.

108

City & State

DEARFIELD BEACH, FL

Zip

33441

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/93

5. FEI Number

☒ Applied For

☐ Not Applicable

6. 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES.	RAIMO RAPO	606 ANDERSON CIRCLE #1)	DEARFIELD BEACH, FL.
V. P.	DRISS BOUHAOULI	606 ANDERSON CIRCLE #108	DEARFIELD BEACH, FL.
			000002333390--9 -10/29/97--01124--031 *****88.75 *****88.75

REINSTATEMENT

95-97
A. Main
10/27/97

000002333390--9
-10/29/97--01124--033
*****500.00 *****500.00

8. Name and Address of Current Registered Agent

DRISS BOUHAOULI
606 ANDERSON CIRCLE
DEARFIELD BEACH, FL. 33441

9. Name and Address of New Registered Agent

Name

000002333390--9

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

-10/29/97--01124--032
*****500.00 *****500.00

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date *10.7.97*

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-7-97