

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR **94-99**  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



DOCUMENT # P93000084355

Corporation Name

S.W.L. of Lee County Corporation

FILED

99 DEC 23 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address Principal Place of Business  
/o Thomas W. Hill c/o Thomas W. Hill  
~~1105 E. Cape Coral Pkwy.~~ ~~1105 E. Cape Coral Pkwy.~~  
Cape Coral, FL 33904 Cape Coral, FL 33904

**REINSTATEMENT** **94-99**

DO NOT WRITE IN THIS SPACE

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

New Mailing Address, if Applicable 1318 Lafayette St.		3. New Principal Office Address, if Applicable 1318 Lafayette St.		4. Date Incorporated or Qualified To Do Business in Florida 12/2/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0450762	
City & State Cape Coral, FL		City & State Cape Coral, FL		Applied For Not Applicable	
33904	Country USA	33904	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
(1)	Hill, Thomas W.	1318 Lafayette St.	Cape Coral, FL 33904
			400003088074--0 -01/04/00--01087--022 ****300.00 ****300.00
			400003088074--0 -01/04/00--01087--023 ****600.00 ****600.00

8. Name and Address of Current Registered Agent

Thomas W. Hill  
~~1105 E. Cape Coral Pkwy.~~  
Cape Coral, FL 33904

9. Name and Address of New Registered Agent

Name Thomas W. Hill	
Street Address (P.O. Box Number is Not Acceptable) 1318 Lafayette St.	
Suite, Apt. #, Etc.	
City Cape Coral,	State FL Zip Code 33904

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

*Thomas W Hill*

REGISTERED AGENT MUST SIGN

Date

12-16-99

1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

2. 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.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 W Hill*

12-16-99 941-549-2444