

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008572

1. Corporation Name

SWIVER CORPORATION

Principal Place of Business

1472 NORTHEAST 130 STREET
NORTH MIAMI FL 33161-4411

Mailing Address

~~2284 BAY DRIVE~~
SURFIDE FL 33154-0026
~~436~~



REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/03/1994

5. FEI Number

65-0463867

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 3	City / State / Zip 4
PDST	POLLEY, RICHARD D	2284 BAY DRIVE 2152 NW 138 TERRACE	PEMBROKE PINES FL SURFIDE FL 33154 33028-2626

8. Name and Address of Current Registered Agent

POLLEY, RICHARD D

~~2284 BAY DRIVE~~ 2152 NW 138 TERRACE
SURFIDE FL 33154 PEMBROKE PINES, FL
33028-2626

9. Name and Address of New Registered Agent

Name

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

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4/02/2000

11. 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
Richard D. Polley

Date 4/02/2000

Daytime Phone # 954-437-6669