

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 JAN -3 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011192**

1. Corporation Name

SWEDISH EXCLUSIVE, INC.

Principal Place of Business

Mailing Address

9495 SUNSET DR
SUITE B-275
MIAMI FL 33175

9495 SUNSET DR
SUITE B-275
MIAMI FL 33175

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~11840 SW 80th St~~
~~Suite Apt #, etc~~
~~#527~~

~~11840 SW 80th St #527~~
~~Suite Apt #, etc~~

City & State
~~Miami Florida~~

City & State
~~Miami Florida~~

Zip
~~33183~~
Country
~~US~~

Zip
~~33183~~
Country
~~US~~



REINSTATEMENT 1999

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1994

5. FEI Number

65-0466349

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
P	WEDENMARK, LENA	11840 SW 80TH STREET, #527	MIAMI FL 33183

200003103902--5

-01/20/00--01024--016

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SATULOFF, BARTH
9495 SUNSET DR
SUITE B-275
MIAMI FL 33175

Name ~~WEDENMARK LENA~~

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

~~11840 SW 80th St~~

Suite Apt #, Etc.

~~Suite 527~~

City ~~Miami~~

State
FL

Zip Code
33183

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]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/30/99

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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/99 305-578-9726

Daytime Phone #

CR2E040 (8/99)