

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 28 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P-94000021390*

1. Corporation Name

S.W. MAINTENANCE

2. Principal Office Address

2159 Kimberwick Cir

Suite, Apt. #, etc.

3. Mailing Office Address

2159 Kimberwick Cir

Suite, Apt. #, etc.

City & State

OVIEDO FLORIDA

Zip

32765

Country

U.S

City & State

OVIEDO, FLORIDA

Zip

32765

Country

U.S

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3231682

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ERNIE WEISHAUP

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

2159 Kimberwick Cir

Suite, Apt. #, Etc.

City

OVIEDO

State
FL

Zip Code

32765

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

[Signature]
REGISTERED AGENT MUST SIGN

Date *4/12/04*

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
<i>Pres.</i>	<i>ERNIE WEISHAUP</i>	<i>2159 KIMBERWICK CIR.</i>	<i>OVIEDO, FL. 32765</i>

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 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]

ERNIE WEISHAUP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/12/04

Daytime Phone #

(407) 366-1197

CR2E081 (01/04)