PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000091514

MARK SWID & ASSOCIATES, INC.

Orincipal Place of Business

1. Corporation Name

Mailing Address

Suite, Apt. #, etc.

City & State

4848 N.W. 97 DRIVE CORAL SPRINGS FL 33076

Suite, Apt. #, etc.

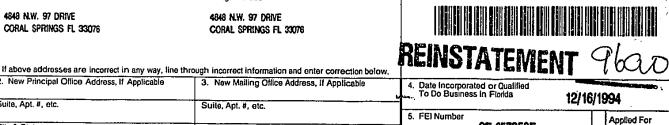
City & State

2. New Principal Office Address, If Applicable

4848 N.W. 97 DRIVE **CORAL SPRINGS FL 33076** FILED

96 DEC 16 AM 9: 43

SECRETARY OF STATE TALLAHASSEE FLORIDA



65-0573585

],			J.,						Not Applicable
Zip	Country		Zlp	Co	euntry	6. CERTIFICATI	OF STATUS DESIRED	\$8.75 Addition for a Certific	nal Fee required rate of Status
7. Names	and Street Addresses of I	ach Officer and/o	r Director (Flo	rida nonprofit cor	porations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
P	SWID, MARK			4848 NW 97 DRIVE			CORAL SPRING FL 33076		

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						00	0000203 -12/19/96	3331C 01017)——O
							कककक्या उ.	OU ******	313.00
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
SWID, MARK 4848 N.W. 97 DRIVE					Namo				
					Street Address (P.O. Box Number is Not Acceptable)				
CORAL SPRINGS FL 33076				Suite, Apt. #, Etc.				·············	
			^		City			State Zip Code	9
10. I, bein	appointed the registered	agent of the abov	e named como	ration, am imilia	ar with and accept the ob	oligations of Secti	on 607.0505, F.S.	· == 1	

(See other side for information on intangible tax.) Yes ☐ No 🛣 Dept. of Revenue under S. 199.032, Florida Statutes. 12. I conity 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 filling 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 ewed by the corporation have been paid and the names of individuals listed of this form do not qualify for an examption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall figure the samp it gal effect as if made under eath.

Signalu.t of Registered Agent

11. Does this corporation pay any intangible tax to the

REGISTERED AGENT MUST SIGN

Date Daylime Phone