

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Bathsheba Lane
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 19 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036576

1. Corporation Name

SOUTHWEST ELECTRIC, INC.

Principal Place of Business

Mailing Address

3773 DOMESTIC AVE #B
NAPLES FL 34104
US

3773 DOMESTIC AVE #B
NAPLES FL 34104
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/1995

5. FEI Number

65-0577205

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
VD	CHASE, CARL	9733 LITCHFIELD LANE	NAPLES FL
P	WATSON, RUFUS	5501 RATTLESNAKE HAMMOCK RD #202 4822 TAHITI LANE	NAPLES FL 34112 34112

800003032108--9
-11/02/99--01044--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PITKIN, JERALD R ESQ.
4947 TAMiami TRAIL NORTH
SUITE 202
NAPLES FL 34103

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Date 10-13-99

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

941-463-0355

CR25040 (8/99)

KE



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3901 Dr. Martin Luther King Blvd., Suite 102 - Ft. Myers, FL 33916
Phone (941) 461-0377 - Fax (941) 261-2161
State Certified # ECA0001333
DBE Certified

October 13, 1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P. O. BOX 6327
TALLAHASSEE, FL 32314-6327

DEAR SIR/MADAM:

ATTACHED IS MY APPLICATION FOR REINSTATEMENT OF MY CORPORATION. I NEVER RECEIVED THE ORIGINAL ANNUAL REPORT FOR THAT WAS SENT. I HAVE TAKEN PRECAUTIONS TO PREVENT THIS FROM HAPPENING IN THE FUTURE BY ENTERING THE DUE DATE FOR NEXT YEARS PAYMENT IN MY COMPUTER.

I AM A VERY SMALL COMPANY AND TO PAY ANY MORE THAN THE ORIGINAL FEE WOULD BE A HARDSHIP. I WOULD APPRECIATE A WAIVER OF THE REINSTATEMENT FEES.

VERY TRULY YOURS,



RUFUS H. WATSON
PRESIDENT