PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000063565

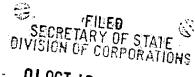
1. Corpor iion Name

SWS	MAN	IAGE	MENT	INC

Principal Place of Business

SIGNATURE:

Mailing Address



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If above addresses are incorrect in any way, line through incorrect in any way, line t		3. New Mail	ing Office Address, If Applicable			4. Date incorporated or Qualified						
Suite, Apt. #, etc. Suite, Apt. #		, etc.			08/16/1995 5. FEI Number							
City & State City & State		City & State				CE_0C04040			Applied For Not Applicable			
Zip Country Zip		Country			6. CERTIFICATE OF STATUS DESIRED S8.75 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)	Title(s) Name of Officers		Street Address of Each Officer and/or Director				City / State / Zip					
D	SEGEN, SCOTT		411-NE 21ST STREET DELCACE			Act.	MIAMIFE FT LANDERDANE, FN 33311					
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8. Name and Address of Current Registered Age				nt 9.			9. Name and	. Name and Address of New Registered Agent				
•						Name						
Waldman, Glen H 1401 Brickell ave					Street Address (P.O. Box Number is Not Acceptable)							
STE 700			Suite, Apt. #, Etc.									
MIAMI FL 33131					City State 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 Date 10-17 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 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 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.												