

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 20 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014099

1. Corporation Name

S.W.S. Communications Inc.

Principal Place of Business

Mailing Address

*2455 E. Sunrise Blvd. Suite 311
Fort. Lauderdale FL. 33304*

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

Febr. 15. 1986

5. FEI Number

65-0646400

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

See Instructions for completion
of 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<i>Pres.</i>	<i>Edgar Wortmann</i>	<i>2455 E. Sunrise Blvd.</i>	<i>Fort. Lauderdale FL. 33304</i>
<i>V. Pres.</i>	<i>Hans J. Schubert</i>	<i>2455 E. Sunrise Blvd.</i>	<i>Fort. Lauderdale FL. 33304</i>

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97-98

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688002464396--1

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Gail Shelby

Date **03/20/1998**

REGISTERED AGENT MUST SIGN

Gail Shelby, As Agent

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐

No ☐

(See other side for information
on Intangible tax.)

12. 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:

Edgar Wortmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-16-98

Daytime Phone #

954-564-9788



ACCOUNT NO. : 072100000032

REFERENCE : 744915 7147044

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 900.00

ORDER DATE : March 17, 1998

ORDER TIME : 3:0 PM

ORDER NO. : 744915-005

CUSTOMER NO: 7147044

CUSTOMER: Mr. Edgar Wortmann
Sws Communications, Inc.
Suite 311
2455 East Sunrise Boulevard
Fort Lauderdale, FL 33304

DOMESTIC FILINGS

NAME: S.W.S COMMUNICATIONS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS

RECEIVED
98 MAR 20 PM 4:08
DIVISION OF CORPORATION