

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000039809

1. Corporation Name

SOUTHWICK INC.

Principal Place of Business

1430 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

Mailing Address

1430 SEMINOLA BOULEVARD
CASSELBERRY FL 32707

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/09/1996

5. FEI Number

59-3377342

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
P	WINDSOR, MARTHA	1430 SEMINOLA BLVD	CASSELBERRY FL 32707
ST	RITTER, KENNETH	1430 SEMINOLA BLVD	CASSELBURY FL

10/24

500023958905
10/21/03 01012 015 **150.00

8. Name and Address of Current Registered Agent

RITTER, KENNETH W.
1430 SEMINOLA BLVD
CASSELBERRY FL 32707

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-16-07

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-07

416855711

CR2E040 (7/03)



-October 16, 2003

Division of Corporations
Annual Report Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Enclosed please find our check in the amount of \$150.00 as payment for our annual corporate fees. We request that the \$600.00 reinstatement fee be waived as we did not receive the renewal form in the mail earlier this year.

Please advise immediately if you are unable to waive the additional fees by calling 407-695-5717. I appreciate your consideration in this matter.

Sincerely,

Kenneth W. Ritter
Secretary Treasurer