

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 FEB -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056261

1. Corporation Name

SW Florida Partners, Inc.

2. Principal Office Address - No P.O. Box #

6704 Lone Oak Blvd

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

Collier

3. Mailing Office Address

6704 Lone Oak Blvd.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

Collier

200117251892
02/06/08--01014--021 **1808.75
REINSTATEMENT 05-08

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/28/1996

5. FEI Number
65-0683030

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jack J. Sterling

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

6704 Lone Oak Blvd.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/29/2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert G. Claussen	6704 Lone Oak Blvd.	Naples, FL 34109
D	Chris G. Claussen	6704 Lone Oak Blvd.	Naples, FL 34109

10. 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 contained in Chapter 119, 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]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Claussen 1/29/08

Date

239-596-9067

Daytime Phone #

2/7/08