

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 MAY -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000056415

1. Corporation Name

SWISS AMERICAN CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

158 WOODCREEK DRIVE EAST
SAFETY HARBOR, FL 34695

REINSTATEMENT

97/98
A. Allen
May 5/1998

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

2. New Principal Office Address, If Applicable
4830 West Kennedy Blvd.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

7-3-96

Suite, Apt. #, etc.
Suite 335

Suite, Apt. #, etc.

5. FEI Number
59-3390251

Applied For
Not Applicable

City & State
Tampa, FL 33609

City & State

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

Zip Country Zip Country

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
Dir/CEO	Max P. Schmid	60 Woodglen Court	Oldsmar, FL 33467
Dir/Pres.	Thomas P. Dolan	1310 Gulf Blvd., Suite 15F	Clearwater, FL 33767
Dir/Sec/Treas.	Robert W. Lewis	204 43rd Avenue	St. Petersburg, FL 33706
Asst. Sec.	Karen B. Rozar	1201 Hays Street	Tallahassee, FL 32301

200002512382--7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MICHAEL T. CRONIN
911 CHESTNUT STREET,
CLEARWATER, FL 34616

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 *Shelly* as agent
REGISTERED AGENT MUST SIGN

Date 5-5-98

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: *Karen B. Rozar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5558
Date Daytime Phone #

CP2E040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 807448 9186A

AUTHORIZATION :

Patricia Pizant

COST LIMIT : \$ 900.00

ORDER DATE : May 5, 1998

ORDER TIME : 3:11 PM

~~200002512382~~ 7

ORDER NO. : 807448-005

CUSTOMER NO: 9186A

CUSTOMER: C. Stephen Allen, Esq
C. Stephen Allen, P.a.
Suite 335
4830 West Kennedy Boulevard
Tampa, FL 33609

DOMESTIC FILINGS

NAME: SWISS AMERICAN CAPITAL
MANAGEMENT INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith
EXAMINER'S INITIALS

C. Allen
5/5/98

FILE 1st

RECEIVED
93 MAY -5 PM 4:07
DIVISION OF CORPORATION