

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA160000082572**

1. Corporation Name **Swink Metal Systems, Inc.**

2. Principal Office Address

1650 Forest Ave

Suite, Apt. #, etc.

Suite 300

City & State

Longwood

Zip

32750

Country

U.S.

3. Mailing Office Address

1650 Forest Ave.

Suite, Apt. #, etc.

Suite 300

City & State

Longwood

Zip

32750

Country

U.S.

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3403753

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

Mark Swink

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

807 Silver Rose Ct

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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

Pres.

REGISTERED AGENT MUST SIGN

Date **1/17/01**

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

Pres. Mark Swink

807 Silver Rose Ct

Lake Mary FL 32746

LS

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Swink

1/17/01
Date

407 332-9157
Daytime Phone #

CR2E081 (9/00)