

JUN. 13. 2007 3:24PM

CAPITAL CONNECTION

NO. 8815 P. 2

10P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 JUN 25 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000101992

1. Corporation Name

S.W.B. ENTERPRISES, INC.

2. Principal Office Address

463237 S.R. 200

Suite, Apt. #, etc.

UNIT #1

City & State

YULFEE, FL.

Zip

32097

Country

USA

3. Mailing Office Address

P.O. BOX 6453

Suite, Apt. #, etc.

City & State

FERNANDINA BEACH, FL.

Zip

32035

Country

USA

REINSTATEMENT
1998-20074. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL JOHNSON

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

1924 DEBBY GLEN DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32837

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

REGISTERED AGENT MUST SIGN

Date

6/20/07

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
P	JUAN S. BROWN	463237 S.R. 200 UNIT 1	YULFEE, FL. 32097
VP	MICHAEL JOHNSON	1924 DEBBY GLEN DR.	ORLANDO, FL. 32837

S00104987249
06/28/07--01047--009 **1500.00

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:

x MICHAEL M JOHNSON

6/20/07

Date

407-346-3379

Daytime Phone #

282

Michael Johnson
S.W.B. Enterprises, Inc
463237 S.R. 200 unit 1
Yulee, FL. 32097
Tel: 321-331-1856

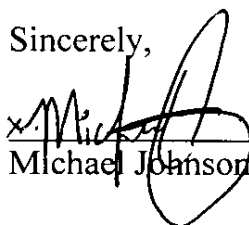
Date: June 20th 2007

Attn: Department of State Division of Corporations

Please be advised that S.W.B. Enterprises, Inc. has not received any mailings or correspondents from the state. Since 1998, the address that the state currently registered is incorrect. The correct address is:
463237 S.R. 200 unit 1 Yulee, FL. 32097

As a result of this, we have not received any mailings regarding annual fees/dues and would greatly appreciate the state waiving any penalties that may have been assessed as a result of this. Thank you for your cooperation on this matter.

Sincerely,



Michael Johnson