

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

05-08



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -4 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800108523508
08/23/07--01021--002 **458.75

DOCUMENT # P97000028565

1. Corporation Name

SWR, Inc.

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

876 Belle Wood Circle

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL 32043

Zip
32043

Country
USA

3. Mailing Office Address

411 Walnut Street

Suite, Apt. #, etc.

#610

City & State

Green Cove Springs, FL 32043

Zip
32043

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

March 27, 1997

5. FEL Number
59-3439036

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
Robert A. Cooke

Street Address (P.O. Box Number is Not Acceptable)
876 Belle Wood Circle

Suite, Apt. #, Etc.

City
Green Cove Springs, FL 32043

State
FL

Zip Code
32043

☒ 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

Robert A. Cooke
REGISTERED AGENT MUST SIGN

Date 8/20/2007

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/T/D	Robert A. Cooke	876 Belle Wood Circle	Green Cove Springs, FL 32043
S/D	Carolyn C. Cooke	876 Belle Wood Circle	Green Cove Springs, FL 32043

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04/09/08--01003--012 **150.00

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 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:

Robert A. Cooke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Cooke

8/20/2007

Date

904-284-2075

Daytime Phone #