

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000091545

1. Corporation Name

S.W.F.M.S. CORPORATION

2. Principal Office Address

1225 TAMiami TRAIL

3. Mailing Office Address

1225 TAMiami TRAIL

Suite, Apt. #, etc.

UNIT A-6

Suite, Apt. #, etc.

UNIT A-6

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

Zip

33953

Country

USA

Zip

33953

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/97

5. FEI Number

65-0279162

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

CHARLES H. LIVINGSTON

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

46 N. WASHINGTON BLVD., #1

Suite, Apt. #, Etc.

SUITE 1

City

SARASOTA

State

FL

Zip Code

34236

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

7/18/01

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
P, S, T, D	JAMES CONTINO	1225 TAMiami TRAIL UNIT A-6	PORT CHARLOTTE, FL 33953
			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

JAMES CONTINO, President

Date

6/25/01

(407) 644-9922

Daytime Phone #