

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000103198

1. Corporation Name

SWEDISH BILLIARDS, INC.

2. Principal Office Address

10240 CHARLESTON CORNERS RD

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33635

Country

USA

3. Mailing Office Address

10240 CHARLESTON CORNERS RD

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33635

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

12-5-1997

5. FEI Number

59-3484082

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

CHRISTINE L. SWEDISH

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

10240 CHARLESTON CORNERS RD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33635

300003250173-3
-05/12/00--01033--008
****900.00 ****900.00

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

Christine L. Swedish

REGISTERED AGENT MUST SIGN

Date 4/28/00

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/D	FRANCIS D. SWEDISH	10240 CHARLESTON CORNERS RD	TAMPA, FL 33635
D/VP/T	CHRISTINE L. SWEDISH	10240 CHARLESTON CORNERS RD	TAMPA, FL 33635
			SP

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:

Christine L. Swedish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

813-891-9999

Daytime Phone #

CR2E081 (9/99)