PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

| DOCUMENT # P9800004186 1. Corporation Name Theodore A. Sweete 7.A. | | | | | 01 AUG -2 AM 11: 22 | | | | |
|---|--|---|---|---|--|--|-----------------------------|--|--|
| Theodore A. Swaete 7.A. | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| Mailing Address Principal Place of Business | | | | | | | | | |
| 1215 SW 75+ 1 1215 SW 75+ | | | | | PAK | | | | |
| Lucani, FL 33135 | | | | | REINSTATEMENT OOL | | | | |
| If above addresses are | incorrect in any way. I'm the | augh incorrect i | nformation and ant | or parroption balance | Lem BOA | ⊘ 1 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| New Mailing Address | | rgh incorrect information and enter correction below. 3. New Principal Office Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 717 90 | | | | |
| City & State | City & State | | | 600 | | 494 | Applied For Not Applicable | | |
| Zip Country | | Zip | Country | | 6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status | | | | |
| 7. Names and Street Ad | L dresses of Each Officer and | or Director (Flo | orida nonprofit corp | orations must list at le | ast 3 directors) | | | | |
| Title(s) | and/or Directors O | | | Street Address of Each Officer and/or Director Use Post Office Box I | h r | 4 | City / Sta | ate / Zip | |
| p Theo | P Theodoro A Smale | | 12155 | ~ 5+ 1 7-1 3313 | L 6- | Man | ĭ 7= | L 33135 | |
| | · · · · · · · · · · · · · · · · · · · | | 7-C1 12-C | (AC 351: | <u> </u> | | | | |
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| | | | 8000045474089 -08/21/0101068005 | | | | | | |
| , | | | | | | ****500 |).00 | ****500.00 | |
| | | · | | | | 00004 5 | 47 | 4089 | |
| | et . | | | -08/21/0101068006 *****400.00 *****400.00 | | | | | |
| | | ā | | | | | | | |
| 8. Nam | e and Address of Current I | Registered Age | <u> </u> ent | | 9. Name and i | Address of New Regis | stered A | Agent . | |
| . Name | | | | | | | | , F93 | |
| Theodoro A. Sworthe | | | | Street Address (F | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 1215 SW 75+ Suite, | | | | | Apt. #, Etc. | | | | |
| Mon | +C 3313 | 5 | | City | | | State FL | Zip Code | |
| =101, being appointed the | e registered agent of the abo | ve-named corpo | oration, am familiar | with and accept the ol | bligations of Secti | ion 607.0505,-F.S:= | | | |
| Signature of Registered Agent Y | | | | | | Date | | | |
| | RE | GISTERED AG | ENT MUST SIGN | | | | | | |
| | oration is a non-p | | | | npt status, | check this bo | × | (See other side for additional information.) | |
| 12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.) | | | | | | | | | |
| 13. I do hereby certify the lease the Division of certify that I am an o | at the information supplied w Corporations from any liabilit fficer or director or the receival polication the reason for dissi | rith this filing is v y of non-complia ver or trustee er | voluntarily furnisher ance with Section 1 apowered to execu | d and does not qualify 19.07(3)(k) in the eve the this application as | ent that the inform provided for in ch | ation supplied is deem napter 607 or 617, F.S | ed exen | npt from public access. I | |

fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR