

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 22 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000055527**

1. Corporation Name

S.R.E. Investments, Inc.

800016983588
04/25/03--01001--017 **900.00

2. Principal Office Address

3. Mailing Office Address

1488 Connors Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Springs, FL

Zip

Country

Zip

Country

32708

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3519441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

02-03

7. Name and Address of Current Registered Agent

Name

Swann, Richard T

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

1488 Connors Lane

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32708

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

Richard J. Swann

Date

4-15-03

REGISTERED AGENT MUST SIGN

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	Swann, Richard T	1488 Connors Ln.	Winter Springs, FL 32708

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:

Richard J. Swann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03

Date

407359-7814

Daytime Phone #

CR2E081 (10/02)

4/23