

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UBR  
00-02

DOCUMENT # P990000009190

1. Corporation Name

SWA ENTERPRISES INC.

2. Principal Office Address

22 South D Street

Suite, Apt. #, etc.

3. Mailing Office Address

22 South D Street

Suite, Apt. #, etc.

City & State

Lake Worth FL

Zip

33460

Country

USA

City & State

Lake Worth FL

Zip

33460

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01-26-1999

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Francois Etienne

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

22 South D Street

Suite, Apt. #, Etc.

600009556376

12/17/02--01022--007 \*\*\*450.00

City

Lake Worth

State

FL

Zip Code

33460

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

*Francois Etienne*

REGISTERED AGENT MUST SIGN

Date 11-26-02

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
PO	Phito Revolte	22 South D Street	Lake Worth FL 33460
VP	Francois Etienne	22 South D Street	Lake Worth FL 33460

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:

*Phito Revolte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-26-02

Date

561-665-0060

Daytime Phone #

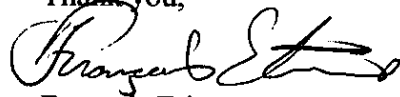
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November 24, 2002

To Whom It May Concern:

Please be advised that I, Francois Etienne, Vice President of SWA ENTERPRISES INC. did not receive the uniform business letter or reinstatement ~~for 2000~~ present. I was not aware that there was a reinstatement fee involved. I am asking for the reinstatement fee to be waived so that I may continue doing business under the same company.

Thank you,

  
Francois Etienne