

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p44 0000 22187

1. Corporation Name

Southwest Florida Equipment

REINSTATEMENT 03

2. Principal Office Address

200 NW 12 St

Suite, Apt. #, etc.

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3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Homestead / FL

Zip

33030

Country

US

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Lawrence Albrests

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

1319 NW 2 St

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

100025545571
12/17/03 01012 002 **750.00

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

Lawrence E Albrests

REGISTERED AGENT MUST SIGN

Date 12/2/03

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	Lawrence Albrests	1319 NW 2 St	Homestead / FL / 33030

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:

Raymond K. Albrests

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/03

Date

786-255-2263

Daytime Phone #

CR20081 (10/02)

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