. PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETI	NG THIS FOR	142	
APPLICATION > FOR >	FLORIDA DEPARTME		i	. PC	. De	
REINSTATEMENT	DIVISION OF CORPOR	RATIONS	-	FILED		
DOCUMENT # P9900023768 1. Corporation Name			00 00	T31 PM 3:31		
SOUTHWEST A.F.S., INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
711.70.7			TALLA	MASSEE, FLUMINA		
Principal Place of Business Mailing Address						
4011 W. KENNEDY BLVD. 4011 W. KENNEDY BLVD. TAMPA FL 33612 TAMPA FL 33612						
			00/0/06	100001 agul #	کر سر ڈ	
If a yove addresses are incorrect in any way, line through incorrect information and enter corr. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable		Applicable	Date Incorporated or Qualified			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03/10/1999		
City & State City & State City & State				-3569571	Applied For Not Applicable	
Zip 33612 USA Zip 33606 Country		у	6. CERTIFICATE	OF STATUS DESIRED (\$8.75	Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and/	1	ations must list at lea	ast 3 directors)		- No. 404 - IZNo and a 125a	
		eet Address of Each ficer and/or Director			e / Zip	
Po Lawson, Carry	2901 10 1	Vana - I T)	+ <i>-</i> /	72(17)	
PD 2305011, CALLY	<u> </u>	Kennedy I	5100	Tampa, FC	33612	
					· · · · · · · · · · · · · · · · · · ·	
					SP	
				,		
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
GIBBS, B. GRAY Street Address I			P.O. Box Number is Not Acceptable) W. Platt Street!			
100 2ND AVE. SOUTH, SUITE 704 ST. PETERSBURG FL 33701 Suite, Apt. #, Etc.			ω_{c} γ	1att Street	27	
		City		State	Zip Code	
10. I, being appointed the registered agent of the abo	ve named corporation, am familiar w	ith and accept the di	لنكر bligations of Section	on 607.0505, F.S.	3360 6	
Signature of Registered Agent Date 10 27 00 Date					<i>6</i> 0	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the	dution has been eliminated, the corpo	orate name satisfies	the requirements	of section 607.0401 or 617.040	1, F.S., that all fees	
on this application is true and accurate, and my sig						
	7 /					
SIGNATURE:	ATTER NAME OF PIGNING OFFICER OF	DIRECTOR		10/27/00 8	71-5905	



KOEHLER & COMPANY

A PROFESSIONAL ASSOCIATION

CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

MEMBERS OF THE AMERICAN INSTITUTE AND THE FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS TELEPHONE (813) 258-1272 FACSIMILE (813) 258-2422 WEB SITE: WWW.CPA-TAMPA.COM E-MAIL: KOEHLER@CPA-TAMPA.COM

October 27, 2000

Florida Department of State Divisions of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Southwest A. F. S., Inc.

2000 Corporation Annual Report / Uniform Business Report

Document Number: P99000023768

To Whom It May Concern:

This is in response to your notice dated September 19, 2000 (original enclosed). Attached is the original form for Application for Reinstatement for the Annual Report/Uniform Business Report which was been completed by the taxpayer. The annual report was previously filed with the Florida Department of State on September 13, 2000 with a payment in the amount of \$150.00. However, it was returned because the report did not provide a Employer's Identification Number. We have completed the EIN on the Application for Reinstatement.

As the taxpayer previously stated in their previous correspondence, they did not receive the original annual report and as a result, should not be subject to the penalties. We ask that you immediately process this enclosed application and reinstate the above referenced corporation without delay or penalties.

If you have any questions, please do not hesitate to contact me at (813) 258-1272.

Very Truly Yours,

Keith W. Koehler

cc: Southwest A. F. S., Inc.