

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000050847

1. Corporation Name

SW White Company

3100 S.E. 4th Avenue
2300 Barbara Drive

2. Principal Office Address

3100 S.E. 4th Avenue

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

3. Mailing Office Address

2300 Barbara Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33316

Country

USA

FILED
04 OCT 14 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500041861155
10/14/04--01003--001 **750.00

REINSTATEMENT 04

**4. Date Incorporated or Qualified
To Do Business in Florida June 1, 1999**

5. FEI Number
650937301

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
Linda Spaulding White

Street Address (P.O. Box Number is Not Acceptable)
c/o Conrad & Scherer, LLP

Suite, Apt. #, Etc.
633 S. Federal Highway

City
Fort Lauderdale

State
FL

Zip Code
33316

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/12/04

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
PTSD	Sherrill W. White, Jr.	2300 Barbara Drive	Fort Lauderdale, FL 33316

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:

[Signature] Sherrill W White Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/04

Date

954-562-1124

Daytime Phone #

CR2001 (01/04)

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S W WHITE COMPANY
3100 S E 4th Ave
Ft. Lauderdale, FL 33316
Phone 954-562-1124
Fax 954-337-0689
Email sww@swwwhiteco.com
Oct. 11, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Enclosed please find the application for reinstatement and a check for \$750.00. This is the amount your office instructed me to send since I never received any annual report forms (or any other forms). (2000 - 2004)

Thank you for your attention to this matter.

Sincerely,



Sherrill W. White