

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000069553**

1. Corporation Name

SW1 PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

6605 BLACK OAK DR.
PENSACOLA FL 32526

6605 BLACK OAK DR.
PENSACOLA FL 32526

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1999

5. FEI Number

59-3641331

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	WASHINGTON, SHAWN	6605 BLACK OAK	PENSACOLA FL 32526
D	WASHINGTON, BOBBY	6605 BLACK OAK	PENSACOLA FL 32526

900003463453--3
-11/14/00--01095--011
****750.00 ****750.00

[Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WASHINGTON, SHAWN J
6605 BLACK OAK
PENSACOLA FL 32526

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

23 Oct 00

11. 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]

SHAWN J. WASHINGTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 Oct 00

Date

(850) 380-5472

Daytime Phone #

CR2E040 (8/00)