

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

DOCUMENT # **P99000078688**

1. Corporation Name

SWAGGER ENTERTAINMENT CO.

Principal Place of Business

Mailing Address

20533 BISCAYNE BLVD STE 421
AVENTURA FL 33180

20533 BISCAYNE BLVD STE 421
AVENTURA FL 33180

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0961569

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	WILLIAMS, PAUL	20341 NE 10TH COURT	MIAMI FL 33180

8. Name and Address of Current Registered Agent

WILLIAMS, PAUL
20341 NE 10TH COURT
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

OCT 17-03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT 17-03 305 785-
Date Daytime Phone # 0263

CR2ED40 (7/03)

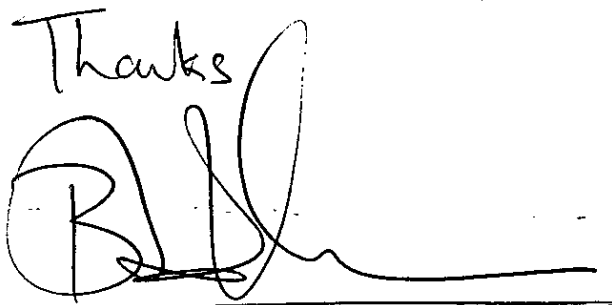
Oct 17, 2003

To whom it may concern:

Enclosed is payment for my
annual Corporation fee.

I did not receive any notices
prior to this notice, please accept
my apology, please to ensure
Payment next year simply
email me @ nowentmagz@aol.com

Thanks

A handwritten signature in black ink, appearing to be 'Paul Williams', written over a horizontal line.

Paul Williams