

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

bf2

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

attn: Mr. Henderson
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 23 PM 3:43

2000-OVER

DOCUMENT # P99000082866

1. Corporation Name

SWH Holdings, Corp.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

ROBERT HENDERSON

200003784442--8

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

14411 COMMERCE WAY

-02/28/01--01023--004

****300.00 ****300.00

Suite, Apt. #, Etc.

STE 320

City

MIAMI LAKES

State
FL

Zip Code

33016

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

Robert Henderson

Robert Henderson

Date

REGISTERED AGENT MUST SIGN

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
PTS	ROBERT HENDERSON	14411 Commerce Way Ste 320 Miami Lakes, FL 33016	Miami Lakes, FL 33016
VP	DARRIN SMITH	14411 Commerce Way Ste 320	Miami Lakes, FL 33016
VP	RICHMOND WEBB	14411 Commerce Way Ste 320	Miami Lakes, FL 33016

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:

Robert Henderson

Robert Henderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2E081 (9/00)

SWH HOLDINGS, CORP.

14411 Commerce Way Suite 320
Miami Lakes, FL 33016
Tel: 305-825-1444
Fax: 305-825-1318

202

February 5, 2001

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

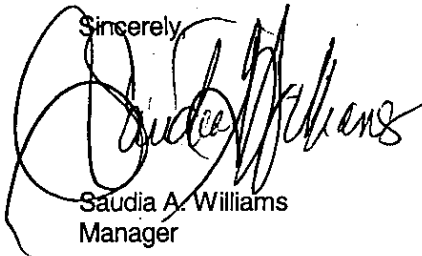
Dear Sir or Madam:

Please accept this as a request for waiver of late filing penalties for the year 2000. Our Corporation was set up in September 1999 and we were not aware of the date of filing. We never received any correspondence from the Department of Corporations, which may be due to our move to Suite 320. We have made a formal complaint with our postmaster since this is not the only important mail that we have not received.

I have enclosed an envelop from a letter that was received in our office on January 29th of this year but has an original postmark of January 5th. This is the kind of service we receive when we do get mail.

While in the process of applying for a loan, we were informed by our lender that SWH Holdings Corp has been dissolved. We immediately responded requesting a reinstatement application. Enclose please find a check for \$300.00 for reinstatement and 2000, and 2001 filings. If you have any questions, please contact me at (305) 825-1444. Thank you in advance for your cooperation.

Sincerely,



Saudia A. Williams
Manager