

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -6 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000088136

1. Corporation Name

FZDSW, INC.

Principal Place of Business

2700 N. FEDERAL HIGHWAY  
BOCA RATON FL 33431

Mailing Address

2700 N. FEDERAL HIGHWAY  
BOCA RATON FL 33431



REINSTATEMENT

02

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

10/04/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0953541

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
D	WESTE, FRANCISCA	2700 N. FEDERAL HIGHWAY	BOCA RATON FL 33431
D	WESTE, JOHN	2700 N. FEDERAL HIGHWAY	BOCA RATON FL 33431

9000008613299  
10/28/02--01050--005 \*\*750.00

8. Name and Address of Current Registered Agent

WESTE, JOHN  
2700 N. FEDERAL HIGHWAY  
BOCA RATON FL 33431

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

*John Weste*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

*Francisca Weste*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02  
Date Daytime Phone #

CR2E040 (8/02)