PLEASE READ	ALL INSTRU	ICTIONS	BEFORE (COMPLET	ING THIS FORM.	
APPLICATION FLORIDA DEPARTMENT OF STATE						
FOR FOR	FOR Sandra B. Mortham Secretary of State			FILED		
REINSTATEMENT		DIVISION OF CORPORATIONS			· 	
DOCUMENT # V44610				98 MAR 16 AM 10: 35		
1 Corporation Name				SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Investment Management of Southwest				"	ALLAHASSEE. FLORIDA	
Florida, Inc. Principal Place of Business Mailing Address						
P.O. Box 930 P.O. Box 930					o //	
					TATEBAENTO 1-98	
Copicy, it start				Rein ₅	TATEMENT 91-91	
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 Address, If Applicable				DO NOT WRITE IN THIS SPACE 4. Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			To Do Business in Florida 6 18 192		
ty & State City & State				5. FEI Number Applied For Not Applicable		
Zip Country	Country Zip Count		,	6. \$8.75 Additional Fee required		
7. Names and Street Addresses of Each Officer and	or Director, (Florida no	onprofit corpora	ione must list at lea	<u> </u>	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) Name of Officers Title(s) Name of Officers and/or Directors Officer and/or Director Officer and/or Director Officer and/or Director						
1 2 3 (Do NOT L			e Post Office Box N		4 Sity / State / Zip	
D Andrew M. Badolato 3108 Casey			sey Key R	ed.	Nokomis, FL 34275	
D Melissa H. Budolato 3108 Casey Key Rd. Nokomis, FL 342						
	·				0803/10/98	
				0		
					0 0002453659 2 -03/17/9801072006	
						
\					****900.00 ****900.00	
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Registered Agent	
Andrew M. Badolato			Street Address (P.O. Box Number is Not Acceptable)			
3108 Casey Key Rd.			Suite, Apt. #, Etc.			
Nokomis, FL 34275						
City State FL Zip Code						
10. I, being appointed the registered agent of the above named compration unitarities with and accept the obligations of Section 607.0505, F.S.						
Signature of Registered Agent						
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)						
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-						
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all						
fees owed by the corporation have been paid. 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: 2 26/98 94/-92						