

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



REINSTATEMENT

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P0000089073

1. Corporation Name  
D. R. SWANSON COMPANY

Principal Place of Business: 13744 LONG LAKE LANE, PORT CHARLOTTE FL 33953  
Mailing Address: 13744 LONG LAKE LANE, PORT CHARLOTTE FL 33953



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: 09/18/2000  
5. FEI Number: 65-1047995  
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SWANSON, DANIEL R	13744 LONG LAKE LANE	PORT CHARLOTTE FL 33953

600008626686  
10/28/02--01090--003 \*\*150.00

*Bull*

8. Name and Address of Current Registered Agent: SWANSON, DANIEL R, 13744 LONG LAKE LANE, PORT CHARLOTTE FL 33953  
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: SIGNATURE REQUIRED Date: 10/25/02  
REGISTERED AGENT MUST SIGN

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 REQUIRED Date: 10/25/02 Daytime Phone #: 901 215 1950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)

Florida Licenses  
GC-CO59809  
CU-CO56697  
905424000196  
(CLASS 5 FIRE)



13744 LONG LAKE LANE  
PORT CHARLOTTE FL, 33953  
PHONE (941) 625-5458  
FAX (941) 625-5318  
e-mail: swanson82@comcast.net

October 24, 2002

Division of Corporations  
Annual Report / Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Corporate Reinstatement

Gentlemen:

Prior UBR notices were not received.

Sincerely,

A handwritten signature in black ink, appearing to be 'DR Swanson', written in a cursive style. The signature is positioned above the typed name and title.

Daniel R. Swanson, P E  
President