

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 SEP 30 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000089073

1. Corporation Name

D. R. Swanson Company

2. Principal Office Address

13744 Long Lake Lane

Suite, Apt. #, etc.

3. Mailing Office Address

13744 Long Lake Lane

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33953

Country

USA

Zip

33953

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/18/2000

5. FEI Number

65-1047995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

700023360177  
09/26/03--01039--021 \*\*150.00

7. Name and Address of Current Registered Agent

Name

Daniel R. Swanson

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

13744 Long Lake Lane

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33953

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

Date 9/23/03

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
Pres	Daniel R. Swanson	13744 Long Lake Lane	Port Charlotte, FL 33953

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

Date

941-815-1950

Daytime Phone #

CR2E081 (10/02)

210/1

Florida Licenses  
PE 40442  
GC-CO59809  
CU-CO56697  
905424000196  
[ CLASS 5 FIRE ]

**D R SWANSON COMPANY**

1720 EL JOBEAN ROAD  
PORT CHARLOTTE, FL 33948

PHONE (941) 629-8822

FAX (94) 629-8846

e-mail: swanson82@comcast.net

September 23, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement

Gentlemen:

No UBR notices were received.

Sincerely,



Daniel R. Swanson, P.E.  
President