

APPLICATION  
FOR  
REINSTATEMENT

## FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR 28 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000082562

1. Corporation Name

Swank, Inc. c/o Steve Swank

Principal Place of Business

Mailing Address

2323 Feather Sound Dr F101

Clearwater, Florida 33762

Previous Address - 19941 Gulf Blvd Indian Shores, FL 33785

REINSTATEMENT 97-00

2. New Principal Office Address, If Applicable

Same

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

F101

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 5, 1996

5. FEI Number

593402254

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Steven W Swank	2323 Feather Sound Dr F101	Clearwater FL 33762

8. Name and Address of Current Registered Agent

David Hastings  
19941 Gulf Blvd # E  
Indian Shores, Florida  
33785

9. Name and Address of New Registered Agent

Name: Steven W Swank  
Street Address (P.O. Box Number is Not Acceptable): 2323 Feather Sound Dr F101  
Suite, Apt. #, Etc.: F101  
City: Clearwater  
State: FL  
Zip Code: 33762

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.

Signature of  
Registered Agent

SW Swank

REGISTERED AGENT MUST SIGN

Date 4-26-2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information  
on intangible tax.)

12. 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:

SW Swank S.W. SWANK  
Pres. PRESIDENT

Date

4-26-2000

Daytime Phone #

7272999191