## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State DIVISION OF CORPORATIONS

183585 DOCUMENT #

1. Corporation Name

SWIFT CLEANERS, INC.

Principal Place of Business

Mailing Address

4114 HERSCHEL ST #111 JACKSONVILLE FL 32210

Zip

Title(s)

4114 HERSCHEL ST #111 JACKSONVILLE FL 32210

If above addresses are	incorrect in any way, line	hrough incorrect information and enter correction belo	ow.
New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.	·	Suite, Apt. #, etc.	
City & State		City & State	
7in	Country	Zin Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least

Name of Officers

and/or Directors

FILED

03 OCT 23 AM II: 34

SECRETARY OF STATE

·	IALLAHASSEE, FLORIDA					
REI	ASTATEMEN	03.				
Date Incorporated or Qualified To Do Business in Florida  02/23/1955						
5. FEI Number	59-0747225	Applied For Not Applicable				
CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status						
3 directors)						
City / State / Zip						
	JACKSONVILLE FL 32210					

s_	JOHNSTON, JEAN	4114 HERSCHEL ST, #111.  1720 UNIVERSITY BLVD.		JACKSONVILLE FL 32210	$\neg$
AS	MAST, ELEANOR				
VP-	BIRDWELL; JOHN	1720 UNIVE	ASITY BLVD	JACKSONVILLE-FL-	
	F		(S) 10/7	00024056528 23/03-01084-018 **150.00	
····	Name and Address of Current Regist	ered Agent	<del>-,                                    </del>	and Address of New Registered Agent	
JOHNSTON, J.G. 4114 HERSCHEL ST #111 JACKSONVILLE FL 32210		Street Address (P.O. Box Num	Safter.  Tose Blvd.	CB2E040 (7/03)	

Street Address of Each

Officer and/or Director

4114 HERSCHEL ST, #111

JOHNSTON, J G

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

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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 8,2003 904-981-3008



"Whene Dry Cleaning Is An Ant"

4114 HERSCHEL ST. #111 JACKSONVILLE, FLORIDA 32210

October 8, 2003

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

Re: 2003 Annual Report/Uniform Business Report

Dear Sir:

In reference to the above, we did not receive the above report, and therefore, we are requesting waiver of the fee. We are sending a check in the amount of \$150.00 along with the completed application for reinstatement. Please reinstate Swift Cleaners, Inc.

Sincerely.

Jamie G. Johnston

JJ/jr

enclosure