

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 14 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

631401

1. Corporation Name

Swallows of San Marco, Inc.

2. Principal Office Address

6000 Royal Marco Way

Suite, Apt. #, etc.

PH-M

City & State

Marco Island, FL

Zip

34145

Country

USA

3. Mailing Office Address

6000 Royal Marco Way

Suite, Apt. #, etc.

PH-M

City & State

Marco Island, FL

Zip

34145

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/31/79

5. FEI Number

16-1133771

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

1997-2001 UBR

7. Name and Address of Current Registered Agent

Name

Donald G. Childs

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

983 N. Collier Blvd.

Suite, Apt. #, Etc.

City

Marco Island, FL 34

State

FL

Zip Code

34145

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

Donald G. Childs
REGISTERED AGENT MUST SIGN

Date 05/31/01

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
DPST	Thomas M. Montante	6000 Royal Marco Way	Marco Island, FL 34145

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:

Thomas M. Montante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres. Thomas M. Montante

Date

6/4/01

Daytime Phone #

(941) 394-3580

CH25001 (8/00)