

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Dora P. Thornton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G33036**

1. Corporation Name

Law Offices of Dale M. Swope, P.A.  
777 S. Harbour Isl. Blvd., #850  
Tampa, FL 33602

Principal Place of Business

Mailing Address

777 S. Harbour Isl. Blvd., #850  
Tampa, FL 33602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

NA

3. New Mailing Office Address, If Applicable

NA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/1/83

5. FEI Number

59-2275153

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSD	Dale M. Swope	777 S. Harbour Isl. Blvd. #850	Tampa, FL 33602

8. Name and Address of Current Registered Agent

Dale M. Swope  
777 S. Harbour Isl. Blvd., #850  
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002269045-2

-08/15/97-01121-008

\*\*\*\*923.75 \*\*\*\*923.75

FL

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

REGISTERED AGENT MUST SIGN

Date 8/4/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/97 (813) 273-0017  
Date Daytime Phone #

FILED  
97 AUG -8 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

VS AUG 14 1997

CP2E040 (12/96)