

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

01 OCT 26 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J31628**

**1. Corporation Name**

Swanson & Son, Inc.

**2. Principal Office Address**

10720 Park Boulevard

Suite, Apt. #, etc.

--

City & State

Seminole, Florida

Zip

33772

Country

USA

**3. Mailing Office Address**

10720 Park Boulevard

Suite, Apt. #, etc.

--

City & State

Seminole, Florida

Zip

33772

Country

USA

**REINSTATEMENT**

01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

September 4, 1986

**5. FEI Number**

59-2729498

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Frank W. Goddard

500004658515--9

-10/30/01-01013-017

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

2959 First Avenue North

\*\*\*\*750.00 \*\*\*\*50.00

Suite, Apt. #, Etc.

--

City

St. Petersburg

State

FL

Zip Code

33713

**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

REGISTERED AGENT MUST SIGN

Date

10/24/01

**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
PD	Jon P. Swanson	5916 Bayview Circle	Gulfport, FL 33707
VPD	Robert Fish	6056 29th Street South	St. Petersburg, FL 33712
STD	Myron Holmgren	3042 Tall Pine Drive	Safety Harbor, FL 34695

**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)(l), 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

Date

Daytime Phone #

Jon P. Swanson, as President

(727) 395-9777