

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

John Sims, Jr. Secretary of State

DIVISION OF CORPORATIONS

L01000020912

FILED

02 DEC -6 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020912

Name and Mailing Address

0007448 01 FP 0.352 **PRST T3 0 0615 32580-120923



SWIFT CREEK PROPERTIES, LLC
23 SOUTH JOHN SIMS PARKWAY
VALPARAISO FL 32580-1209



10/4/02

2. New Mailing Address

Swift Creek Properties, LLC, c/o Susan Elledge
City, State, Zip
23 John Sims Pkwy, Valparaiso, FL 32580

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

12/04/2001

Principal Place of Business

23 SOUTH JOHN SIMS PARKWAY
VALPARAISO FL 32580

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

59-0491810

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

CHESSER, MICHAEL
1201 EGLIN PARKWAY
SHALIMAR FL 32579

9. Name and Address of New Registered Agent

Name

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

City

400009401774

12/06/02--01065--004 **155.00

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Michael Chesser

REGISTERED AGENT MUST SIGN

Date Dec. 4, 2002

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEOPOLD, FRED O JR.	23 SOUTH JOHN SIMS PARKWAY	VALPARAISO FL 32580

REINSTATEMENT 2002

BR

hpl

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

Fred O. Leopold, Jr.

Date

11/19/02

Daytime Phone # (850) 729-5505

Fred O. Leopold, Jr.

CR2E084 (8/02)