

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 FEB 16 PM 2:25

**DOCUMENT # N01000006940**

**1. Corporation Name**

Swann Medical Complex Phase II Property Owner's Association Inc.

100066883851  
03/01/06--01008--013 \*\*481.25

CR2E081 (12/05)

**2. Principal Office Address**

2221 North Boulevard West

Suite, Apt. #, etc.

**3. Mailing Office Address**

P.O. Box 667

Suite, Apt. #, etc.

**City & State**

Davenport, Florida

**City & State**

Davenport, Florida

Zip  
33837

Country  
USA

Zip  
33837

Country  
USA

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

10/01/2001

**5. FEI Number**

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  
Robert O. Sammons

Street Address (P.O. Box Number is Not Acceptable)  
1556 Sixth Street S.E.

Suite, Apt. #, Etc.

City  
Winter Haven

State  
FL

Zip Code  
33880

**REINSTATEMENT** 02-06

**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

*[Signature]*

Date 2-6-06

REGISTERED AGENT MUST SIGN

**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
D	Marci Harris	2221 North Boulevard West	Davenport, FL 33837
D	Carl Brushayt	2221 North Boulevard West	Davenport, FL 33837
D	Victor Pantoja	2221 North Boulevard West	Davenport, FL 33837

**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 contained in Chapter 119, 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]*

Marci Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06

Date

863-421-7600 ext 235

Daytime Phone #

00 Williams FEB 16 2006