

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003486

1. Corporation Name

Swim for Life, INC.

300040339703
12/01/04--01027--004 **150.00

300040339703
08/20/04--01018--001 **608.75

8-20-04 01018 001 \$608.75

REINSTATEMENT

00-04

2. Principal Office Address

1911 N. Lime ST

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 311045

Suite, Apt. #, etc.

City & State

Plant city FL

City & State

Tampa FL

Zip

33563

Country

Zip

33680

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1999

5. FEI Number

59-3582215

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

MARY K. Batten AKA Bettis

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

1911 N. Lime ST

Suite, Apt. #, Etc.

City

Plant city

State

FL

Zip Code

33563

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

Mary K Batten

REGISTERED AGENT MUST SIGN

Date

8-4-04

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/P/C	MARY Batten	1911 N. Lime ST	Plant city FL 33563
D/V/C	Carole Y. De Ibern	654 Riviere Rd	Palm Harbor FL 34683
D/S	Bevin Maynard	5502 N. Nebraska Ave	Tampa FL 33604
D	Beth Moore	3020 W. Laurel ST	Tampa FL 33607
D/T	Malcolm Hayes	503 W. Drane ST S	Plant city FL 33563

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:

Mary K Batten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-13-04 813-699081

Date

Daytime Phone #

CR2E081 (01/04)

85

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SWIM FOR LIFE INC.
P.O. Box 311045
Tampa FL 33680

Subject: Reinstatement of Non profit Organization

Per this letter I am requesting the reinstatement of Swim for Life Inc., a non profit Corporation formed on June 17, 1999. The original assigned document number is P99000055351.

Do to the fact that Swim For Life organization address had changed, no notice Of tax or any other correspondence from your office was ever received. Per conversation with your office on August 5, 2004, I was informed that This organization has been deemed inactive.

I am enclosing a \$600.00 bank check per your request, and this letter asking For reinstatement do to no notice received.

Thank you for your help in this matter.



Mary Batten
Formerly Mary K Bettis
1911 N. Lime St.
Plant City Fl 33563
813-659-9081