

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR -8 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115205

1. Corporation Name

SWAFFORD + HAYS SETTLEMENT SERVICES, INC.

2. Principal Office Address

224 SOUTH PETERS RD.

Suite, Apt. #, etc.

205

City & State

KNOXVILLE TN

Zip

37923

Country

KNOX

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

DEC 18, 2006

5. FEI Number

59-3684309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY W HAYS

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

3904 EAST SILVER SPRINGS BLVD

Suite, Apt. #, Etc.

#4

City

OCALA

000005315260--9

-04/22/02--0110--003

****908.75 ****908.75

State
FL

Zip Code

34470

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 3/15/02

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
PRES	GARY W. HAYS	3904 EAST SILVER SPRINGS BLVD #4	OCALA, FL 34470
CEO	GREGORY A. SWAFFORD	10227 LYNNCHASE LANE	KNOXVILLE TN 37922
			KNOXVILLE T. TN

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:

GREGORY A. SWAFFORD 3/15/02 865-539-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)