

\$9.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO 100 000 8148

1. Corporation Name

Swift Heartgate Lending, Inc.

2. Principal Office Address

3419 Bayshore Blvd NE

Suite, Apt. #, etc.

3. Mailing Office Address

3419 Bayshore Blvd NE

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip
33703

Country

USA

City & State

St. Petersburg

Zip
33703

Country

USA

REINSTATEMENT

02-03

4. Date Incorporated or Qualified
To Do Business in Florida

1/22/01

5. FEI Number

59-3691783

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

Angela Michelle Swift

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

3419 Bayshore Blvd N.E.

Suite, Apt. #, Etc.

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07/23/03--01039--012 ***00.00

City
St. Petersburg

State
FL

Zip Code

33703

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

Angela M. Swift
REGISTERED AGENT MUST SIGN

Date 7/24/03

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.	Angela M Swift	3419 Bayshore Blvd NE	St Pete, FL 33703

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:

Angela M Swift
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/03
Date

727-692-0696
Daytime Phone #

CR2E081 (10/02)