

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -7 AM 8:00

DOCUMENT # P01000055057

1. Corporation Name

JODIE SWANSON INC

2. Principal Office Address
15 SUSAN STREET

Suite, Apt. #, etc.

City & State
KEY LARGO, FL

Zip Country
33037 USA

3. Mailing Office Address
PO BOX 1706

Suite, Apt. #, etc.

City & State
KEY LARGO, FL

Zip Country
33037 USA

REINSTATEMENT 02-04
MRB

**4. Date Incorporated or Qualified
To Do Business in Florida** 05/29/2001

5. FEI Number
65-1119826

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
JODIE SWANSON

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

Suite, Apt. #, Etc.

City
KEY LARGO

State Zip Code
FL 33037

800035734278
05/07/04--01018--026 **1051.75

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

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 |
|--------|--------------------------------------|---|---------------------|
| PSTD | JODIE SWANSON | 15 SUSAN STREET | KEY LARGO, FL 33037 |
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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:

Jodie Swanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/04

Date

(205) 451-0096

Daytime Phone #

CFR2081 (01/04)