

**2009 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

2009 MAR 31 P 4: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600148164456  
04/01/09--01001--016 \*\*300.00



03092009 REIN-P CR2E098 (1/07)

4. FEI Number **82-0555407** Applied For   
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DOCUMENT # P02000081836**  
1. Entity Name  
**SWAN CONCEPTS, INC.**



Principal Place of Business: **54 DANBURY ROAD #313  
RIDGEFIELD, CT 06877**  
Mailing Address: **54 DANBURY ROAD #313  
RIDGEFIELD, CT 06877**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent  
**UCC FILING & SEARCH SERVICES, INC.  
1574 VILLAGE SQUARE BLVD.  
SUITE 100  
TALLAHASSEE, FL 32309**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
**SWA 385**  
SIGNATURE Alison Hand, ASST SEC DATE 3/31/09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SWAN, JOHN A JR</b> <b>34 ROLLING HILL ROAD</b> <b>RIDGEFIELD, CT 06877</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>O'HARA, KRISTIN MARY</b> <b>5 KENSINGTON DRIVE</b> <b>BRONXVILLE, NY 10708</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**  
**08-09**  
*[Signature]*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.  
SIGNATURE: John A Swan Jr DATE: 3/27/09 205 520 1385  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #