

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000133907**

1. Corporation Name

SWAL, INC.

FILED

04 MAY 26 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4000-B ST. JOHNS AVENUE
SUITE 22
JACKSONVILLE FL 32205
US

4000-B ST. JOHNS AVENUE
SUITE 22
JACKSONVILLE FL 32205
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/2002

5. FEI Number

04-3736697

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P, T	WALTON, WILLIAM H JR.	4000-B ST. JOHNS AVENUE, SUITE 2	JACKSONVILLE FL 32205
VPS	WALTON, A.D.S.	4000-B ST. JOHNS AVENUE, SUITE 2	JACKSONVILLE FL 32205

300037336873
05/26/04--01044--002 **908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, DEBORAH W
3945 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

Name

W. H. WALTON JR.

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

4000 B ST. JOHNS AVENUE

Suite, Apt. #, Etc.

SUITE 22

City

JACKSONVILLE

State

FL

Zip Code

32205

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

W. H. Walton Jr.

REGISTERED AGENT MUST SIGN

Date 5-18-04

11. 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:

W. H. Walton Jr.

W. H. WALTON JR.

5/18/04

(904) 381-4312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)