Dec. 7. 2006 3:21PM No. 2385 P. 1 002/002

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 DEC 12 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000006905

1. Entity Name
SWINSON, INC.

Principal Place of Business
~~1008 PARK AVE~~
~~ORANGE PARK, FL 32073-4122~~
12646 SAN JOSE BLVD
JACKSONVILLE FL 32223

Mailing Address
2363 OLD PINE TRL
ORANGE PARK, FL 32003-4917

2. Principal Place of Business: REMAX SPECIALISTS
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

12062006 REIN-P CR2E098 (11/05) 026

4. FEI Number — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
SWINSON, KAREN
2363 OLD PINE TRL
ORANGE PARK, FL 32003-4917

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.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWINSON, KAREN 2363 OLD PINE TRL ORANGE PARK, FL 320034917	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000082480230 12/12/06--01047--002 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

928-0939

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: ______________________ 12/7/06 904-703-3230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RECEIVED TIME DEC. 6. 7:36PM PRINT TIME DEC. 6. 7:38PM