

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -8 PM 12:55

DOCUMENT # P98000012515

1. Corporation Name

SWIFT-RICKERBY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

596 S LONGVIEW PLACE  
LONGWOOD FL 32779

596 S LONGVIEW PLACE  
LONGWOOD FL 32779

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

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3496401

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PSTD	RICKERBY, CINDY	596 S LONGVIEW PLACE	LONGWOOD FL 32779

100003053311-0  
-11/23/99--01067--003  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOON, WALTER R  
200 N PRIMROSE DRIVE  
ORLANDO FL 32803

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/99

Date

407-682-5523

Daytime Phone #

(2)

To Whom It May Concern:

I received the attached form in the mail and I am confused. This is the first notice that I have received - I never received anything asking for an annual report and now I is saying I have to pay \$750<sup>00</sup> to reinstate my corporation. Why am I being penalized for not receiving mail?

This is the first year of my corporation and I was not aware that I needed to file an annual report until I received this form. Is there anything that can be done in this instance. Please let me know what needs to be done and I will take care of it right away.

Thank You  
Lashia Duff-Rodney