

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 19 PM 2:37

KS

DOCUMENT # D98000029224

1. Corporation Name

H. Swan Limited INC.

2. Principal Office Address - No P.O. Box #

17371 W. Sycamore Dr

Suite, Apt. #, etc.

City & State

Loxohatchee, FL

Zip

33470

Country

USA

3. Mailing Office Address

17371 W. Sycamore Dr

Suite, Apt. #, etc.

City & State

Loxohatchee, FL

Zip

33470

Country

USA

900162955799

11/19/09--01002--025 \*\*600.00

**REINSTATEMENT** 06-09

4. Date Incorporated or Qualified  
To Do Business in Florida

03-30-1998

5. FEI Number

364227764

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

GARY Jorglewich

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

17371 W. Sycamore Dr

Suite, Apt. #, Etc.

City

Loxohatchee

State

FL

Zip Code

33470

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 11-18-09

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
Pres	GARY Jorglewich	17371 W Sycamore Dr	Loxohatchee FL 33470
V. Pres	KATHLEEN WILLIAMS	17371 W. Sycamore Dr	Loxohatchee, FL 33470

10. E-mail Address: GJorglewic@AOL.COM

(To be used for future annual report notification)

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, I further certify, 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:

GARY Jorglewich

11-18-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #