

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P99000017161

1. Corporation Name

TOM SWAIN, INC.

FILED

NOV -7 PM 6:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1685 FORTUNA STREET~~  
~~SARASOTA FL 34239~~

~~1685 FORTUNA STREET~~  
~~SARASOTA FL 34239~~

3234 S. TAMiami TRAIL

3234 S. TAMiami TRAIL  
SARASOTA, FL 34239

SARASOTA, FL

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

2. New Principal Office Address, If Applicable

3234 S. TAMiami TRAIL  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3234 S. TAMiami TRAIL  
Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34239

Country

U.S.

Zip

34239

Country

U.S.



2001 UBR

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1999

5. FEI Number

65-0897553

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D-	SWAIN, TOM	<del>1685 FORTUNA STREET</del>	<del>SARASOTA FL 34239</del>
P/N/D		919 PALM VIEW WAY	SARASOTA, FL 34240

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-12/19/01--01053--001

\*\*\*\*158.75 \*\*\*\*158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWAIN, TOM

~~1685 FORTUNA STREET~~  
~~SARASOTA FL 34239~~

919 PALM VIEW WAY  
SARASOTA, FL 34240

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

REGISTERED AGENT MUST SIGN

Date

11-9-01

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

Date

Daytime Phone #

11-9-01 941-954-6941



**SONITROL**

2672

SONITROL OF SARASOTA

3234 S. Tamiami Trail  
Sarasota, FL 34239  
(941) 954-6941  
Fax: (941) 954-4641  
Lic. No.: EF0001074

NOVEMBER 9, 2001

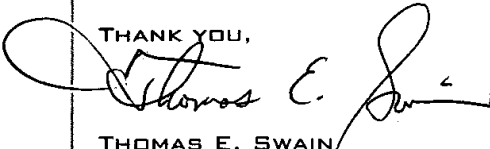
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

DEAR MADAM/SIR:

I AM IN RECEIPT OF DOCUMENTS DISSOLVING MY CORPORATION AS OF SEPTEMBER 21, 2001. THIS IS THE FIRST NOTICE I HAVE RECEIVED SINCE VACATING 1685 FORTUNA STREET (THE ADDRESS LISTED ON THE FORMS) ON MAY 1, 2000. MY FAMILY OWNS THE PROPERTY THERE AND LUCKILY THEIR NEW TENANT WAS KIND ENOUGH TO FORWARD THIS NOTICE TO THEM AND THEN ON TO ME. PLEASE REINSTATE MY CORPORATION AND CORRECT THE ADDRESS AS I DO NOT WISH IT TO LAPSE.

PLEASE FEEL FREE TO CONTACT ME AT 941-954-6941 WITH ANY QUESTIONS YOU MAY HAVE.

THANK YOU,

  
THOMAS E. SWAIN  
PRESIDENT - TOM SWAIN, INC.

/KH

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