PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

APPROVED AND FILED
1997 MAY -7 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V17408

1. Corporation Name
SWAN QUARTER, INC.

W97-8792

Principal Place of Business
~~NEW~~ ~~2500 LYNNHAVEN TERRACE~~
~~2500 LYNNHAVEN TERRACE~~
JACKSONVILLE, FL 32223
~~Jacksonville, FL 32223~~

Mailing Address
OK

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

2. New Principal Office Address, If Applicable
2500 LYNNHAVEN TER
Suite, Apt. #, etc.
City & State
JACKSONVILLE FL
Zip 32223 Country DUVAL

3. New Mailing Office Address, If Applicable
PO BOX 47385
Suite, Apt. #, etc.
City & State
JACKSONVILLE FL
Zip 32247 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3108982
☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	BONNIE GRISSETT	2918 YALE AVE	JACKSONVILLE FL 32210
A/S	DONALD L. BRADDOCK	2500 LYNNHAVEN TER	JACKSONVILLE FL 32223

REINSTATEMENT 05/08/97

5000021716O5--0
-05/08/97--01073--010
***1088.75 ***1088.75

8. ~~Name and Address of Current Registered Agent~~
~~W.E. GRISSETT JR~~
~~SAME AS ABOVE~~
~~2500 LYNNHAVEN TER~~
~~JACKSONVILLE FL 32223~~

9. Name and Address of New Registered Agent
Name: W. E. GRISSETT, JR
Street Address (P.O. Box Number is Not Acceptable): 2500 LYNNHAVEN TER
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32223

CR2E040 (12/96)

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.

[redacted] W.E. Grissett Jr
Registered Agent Must Sign

Date 4/17/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] A/S/Atty 1/25/97 904 242 0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #