

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

g/abz

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 16 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # V26998

1. Corporation Name

SWIFT AGRI SALES, INC

2. Principal Office Address

5421 NE 25 AVE  
OCALA FL 34479

Suite, Apt. #, etc.

3. Mailing Office Address

5421 NE 25 AVE  
OCALA FL 34479

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

34479

Country

USA

City & State

OCALA FL

Zip

34479

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/06/92

5. FEI Number

59-3118330

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

SHELLY Kevin SWIFT

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

5511 NE 25 AVE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34479

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

*Shelly K Swift*

REGISTERED AGENT MUST SIGN

Date 3-15-01

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
PD	Shelly Kevin SWIFT	5511 NE 25 AVE	OCALA, FL 34479
V	Rodney SWIFT	5421 NE 25 AVE	OCALA, FL 34479
ST	BARBARA SWIFT	5421 NE 25 AVE	OCALA, FL 34479

10. 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:

BARBARA SWIFT *Barbara Swift*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-01

Date

352 629 6014

Daytime Phone #

CR2E081 (9/00)

*pg 2 of 2*

**Florida Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

**Subject: Swift Agri Sales, Inc.  
Ref. V26998**

**Michelle Milligan,**

**Thank you for sending me the reinstatement application. Enclosed, please find the completed application along with the \$300 for years 2000 and 2001 to reinstate Swift Agri Sales Corporation .**

**Since I never received the application, it was returned to you with wrong address, I am asking for help with the filing fees. I do hope that the \$300 will be sufficient for the total amount to reinstate.**

**I do appreciate you help in every way and I am truly sorry for any inconvenience that I have caused.**

**Sincerely,**

*Barbara Swift*

**Barbara Swift  
Swift Agri Sales, Inc.**

**enc**