

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/13/02--01034--004  
\*\*\*\*297.50 \*\*\*\*297.50

REINSTATEMENT 01-02

**CORPORATION REINSTATEMENT**



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

DOCUMENT # N00000003562  
1. Corporation Name  
**SAWGRASS LAKES PHASE 2 ASSOCIATION, INC.**

2. Principal Office Address <b>298 SW Panther Trace</b>		3. Mailing Office Address <b>c/o Steven L. Perry, Esq.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>2400 SE Federal Hwy., 4th FL</b>	
City & State <b>Port St. Lucie, FL</b>		City & State <b>Stuart, FL</b>	
Zip <b>34953</b>	Country <b>USA</b>	Zip <b>34994</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>06/01/2000</b>	
5. FEI Number <b>65-1067463</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <b>Steven L. Perry, Esquire</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>McCarthy, Summers, Bobko, Wood, Sawyer &amp; Perry, P.A.</b>	
Suite, Apt. #, Etc. <b>2400 SE Federal Highway, Fourth Floor</b>	
City <b>Stuart</b>	State / Zip Code <b>FL 34994</b>

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 SK Date 8/5/02  
REGISTERED AGENT MUST SIGN

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
DPST	Bret Soverel	298 SW Panther Trace	Port St. Lucie, FL 34953
DV	Lee Kimmel	298 SW Panther Trace	Port St. Lucie, FL 34953

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: [Signature] **BRET SOVEREL** Date 8/5/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

js 8/5/02

**McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.**  
Attorneys at Law

Kathryn C. Bass  
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Of Counsel

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\*Board Certified Elder Law Lawyer  
\*\*Board Certified Real Estate Lawyer  
\*\*\*Board Certified Wills, Trusts &  
Estates Lawyer

August 6, 2002

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**RE: Sawgrass Lakes Phase 2 Association, Inc.**

Dear Representative:

Enclosed are:

1. Corporation Reinstatement for Sawgrass Lakes Phase 2 Association, Inc.
2. Check in the amount of \$297.50 as the reinstatement fee.

Please file the Corporation Reinstatement and restate Sawgrass Lakes Phase 2 Association, Inc.

If you have any questions, or need additional information, please call.

Very truly yours,



Kenneth A. Norman  
KAN/klm  
Enclosures

cc: Mr. Bret Soverel  
Steven L. Perry, Esquire