

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

CORPORATION  
 REINSTATEMENT

**02-03A**

FILED

02 NOV 11 PM 12:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N9800006960**

1. Corporation Name

**SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.**

11/13/02--01080--005 \*\*61.25

**400008976904**  
 11/13/02--01080--005 \*\*61.25

2. Principal Office Address		3. Mailing Office Address	
2455 NE 209 Terrace		2455 NE 209 Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
North Miami Beach, Florida		North Miami Beach, Florida	
Zip	Country	Zip	Country
33180	USA	33180	USA

4. Date Incorporated or Qualified December 1, 1998 To Do Business in Florida	
5. FEI Number	Applied For
<b>65-0888107</b>	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name	
Robert D. Schwartz	
Street Address (P.O. Box Number is Not Acceptable)	
555 S Federal Hwy	
Suite, Apt. #, Etc.	
STE 330	
City	State Zip Code
Boca Raton	FL 33432

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]* Date 11/11/02

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
D	Miranda, Lillian	2445 NE 209 Terrace	North Miami Beach, Fl 33180
D	Monte Perez	21021 NE 24 Court	North Miami Beach, Fl 33180
D	Azulay, Valerie	21031 NE 24 Court	North Miami Beach, Fl 33180
D	Krutchik, Marvin	2455 NE 209 Terrace	North Miami Beach, Fl 33180
D	Krutchik, Elaine	2455 NE 209 Terrace	North Miami Beach, Fl 33180
D	Karen Okrent	21301 NE 24 Court	North Miami Beach, Fl 33180

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

*[Handwritten initials]*

SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.  
c/o Krutchik  
2455 Northeast 209th Terrace  
North Miami Florida, Florida 33180

October 23, 2002

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

Re: 2002 Uniform Business Form

To Whom It May Concern:

Attached is the reinstatement form, which I downloaded from the Internet. I had inquired to find out about the status of our 2002 Uniform Business Report. We never received the form in the mail or any other notices about filing so I am enclosing the check for \$61.25. Please have the address for Sunswapt Lake Homeowner's Association Inc. to read Sunswapt Lakes Homeowner's Association Inc. c/o Krutchik at 2455 North Miami Beach, Florida 33180 so that I will be assured to receive any mailings in the future.

Thank you,



Elaine Krutchik