PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

20 APR 27 AM 8:34

DOCUMENT # 753935

1. Corporation Name

Sweetwater Oaks II Condominium Association, Inc.

000343881240
04/27/20--01033--010 **236.25

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9403 N Armenia Ave	9403 N Armenia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33612 Country: USA	Zip: 33612 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/26/1980

5. FEI Number: 59-2244753 ☐ 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: Karen Maller

Street Address (P.O. Box Number is Not Acceptable): 200 Central Avenue

Suite, Apt. #, Etc.: Suite 1210

City: St. Petersburg State: FL Zip Code: 33701

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: Karen E. Maller Date: 4/16/2020

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
PD	Maike Buckingham	9403 N Armenia Ave.	Tampa, FL 33612
TD	Rosa Diaz	9403 N Armenia Ave.	Tampa, FL 33612
SD	Timothy Bennett	9403 N Armenia Ave.	Tampa, FL 33612
DIR	Gregor Richkind	9403 N Armenia Ave.	Tampa, FL 33612
DIR	Lisa Anne Conner	9403 N Armenia Ave.	Tampa, FL 33612

APR 20 2020

10. E-mail Address: david@oceanbluecam.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Maike L. Buckingham 4/15/2020 8139249387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$ 2.00 shot