

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 FEB 15 AM 9:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 759660

1. Corporation Name

Lot 6 Sweetwater Pines Condominium Association, Inc

2. Principal Office Address - No P.O. Box #

5405 NW 20th Way

Suite, Apt. #, etc.

Unit B

City & State

Gainesville, FL

Zip

32653

Country

USA

3. Mailing Office Address

5405 NW 20th Way

Suite, Apt. #, etc.

Unit B

City & State

Gainesville, FL

Zip

32653

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/18/1981

5. FEI Number

592926814

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

Demetrica Daniels

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

5405 NW 20th Way

Suite, Apt. #, Etc.

Unit B

City

Gainesville

State

FL

Zip Code

32653

**REINSTATEMENT**

600244781946

02/15/13--01033--027 \*\*1522.50

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

Date 021213

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
President	Demetrica Daniels	5405 NW 20th Way Unit B	Gainesville, FL 32653
Secretary	Howard Rabe	4906 Bay Park Dr	Port Richey, FL 34668
D	Charles Carlson	4301 Sevilla Street	Tampa, FL 33629

10. E-mail Address: ddaniels08@cox.net

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

021213

3522141654

Date

Daytime Phone #