

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 29 AM 11:22

DOCUMENT # 759665

1. Corporation Name

Lot 19 Sweetwater Pines Condominium Association, Inc.

2. Principal Office Address

13400 Progress Boulevard

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip
32615

Country

Alachua

3. Mailing Office Address

13400 Progress Boulevard

Suite, Apt. #, etc.

City & State

Alachua, Florida

Zip
32615

Country

Alachua

REINSTATEMENT

82-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

8/18/81

5. FEI Number

☒ 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
Debbie Macleod

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

13400 Progress Boulevard

Suite, Apt. #, Etc.

City

Alachua

State

FL

Zip Code

32615

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

Debbie E Macleod

Date

9/27/2006

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
P/D	Debbie Macleod	13400 Progress Boulevard	Alachua, FL 32615
V/D	Sonia Fox	13400 Progress Boulevard	Alachua, FL 32615
S/T/D	John Marti	13400 Progress Boulevard	Alachua, FL 32615
			2000803062 72 09/29/06--01051--001 **1706.25
			2000803062 72 09/29/06--01051--002 **8.75

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 contained in Chapter 119, 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:

Debbie E Macleod

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Debbie Macleod/President 9/27/2006

Date

386-462-7179

Daytime Phone #