


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|--|-----------------------------------|--|--|---------------------------------|-------------------|
| CORPORATION <i>Amended</i> <i>Annual report</i> | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 05 DEC -8 11:15 | |
| DOCUMENT # 769969 | | | | | |
| 1. Corporation Name SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION No. FOUR INC. | | | | | |
| 2. Principal Office Address 133 S.W 113th Ave Suite, Apt. #, etc. # 102 City & State MIAMI, FL Zip 33174 | | | 3. Mailing Office Address 4445 W 16 Ave Suite, Apt. #, etc. 308 City & State HIALEAH, FL Zip 33012 | | |
| Country DADE | | | Country DADE | | |
| | | | 4. Date Incorporated or Qualified To Do Business in Florida 8-24-1983 | | |
| | | | 5. FEI Number 59-2724393 | | |
| | | | <input type="checkbox"/> Applied For <input type="checkbox"/> 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 MANRIQUE, RAFAEL | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 133 S.W 113th Ave | | | | | |
| Suite, Apt. #, Etc. # 102 | | | | | |
| City MIAMI | | | | State FL | Zip Code 33174 |
| 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 <i>[Signature]</i> REGISTERED AGENT MUST SIGN Date _____ | | | | | |
| 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 | MANRIQUE, RAFAEL | 133 S.W 113th Ave | | MIAMI, FL. 33174 | |
| SD | ZAPATA, REYNALDA | 133 S.W 113th Ave | | Miami, FL 33174 | |
| TD | LAURENTE, AMALIA | 123 S.W 113th Ave | | Miami, FL 33174 | |
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| 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-823-1201 Date Daytime Phone # | | | | | |