

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 769969 1. Entity Name SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION NO. FOUR, INC.			
Principal Place of Business 133 SW 113 AVE. #102 MIAMI, FL 33174 US		Mailing Address 	
2. Principal Place of Business 133 SW 113 Ave #102 Suite, Apt. #, etc. Miami FL 33174		3. Mailing Address Suite, Apt. #, etc. 	
City & State 		City & State 	
Zip 	Country Dade	Zip 	Country
4. FEI Number 59-2724393 65-1004881		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANRIQUE, RAFAEL 133 S.W. 113TH AVE #102 MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MANRIQUE, RAFAEL STREET ADDRESS 113 S.W. 113 AVE. CITY-ST-ZIP MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete	TITLE JUAN ENSENAT NAME 131 SW 113 AVE PD STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME ZAPATA, REYNALDA STREET ADDRESS 133 SW 113 AVE. CITY-ST-ZIP MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete	TITLE REYNALDA ZAPATA NAME 133 SW 113 AVE STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME LAURENTE, AMALIA STREET ADDRESS 123 S.W. 113TH AVE CITY-ST-ZIP MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete	TITLE ELDA ALVAREZ NAME 121 SW 113 TH AVE STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR</small>		Date 10/19/06 Daytime Phone #	

REINSTATEMENT 2006 WOP