

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 30 PM 12:56

DOCUMENT # G92729

1. Corporation Name

Sugar Creek Resident Owners, Inc
10265 Ulmerton Road, Lot 159
Largo, FL 33771

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

10265 Ulmerton Rd

Suite, Apt. #, etc.

L159

City & State

Largo

Zip

33771

Country

USA

Pinella

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FL

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2770678

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

Ray L. Mugauro

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

same 10265 Ulmerton Road

Suite, Apt. #, Etc.

L159

City

Largo

State

FL

Zip Code

33771

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Ray L. Mugauro

Date 11/12/07

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
<u>Pres.</u>	<u>James Swannick</u>	<u>10265 Ulmerton Rd.</u>	<u>Largo FL 33771</u>
<u>Treas.</u>	<u>Fran Spewart</u>	<u>10265 Ulmerton Rd.</u>	<u>Largo FL 33771</u>
<u>Sec.</u>	<u>Ray Mugauro</u>	<u>10265 Ulmerton Rd.</u>	<u>Largo FL 33771</u>

000132072120
07/02/08--01013--003 **150.00
000132072120
07/02/08--01013--004 **300.00

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:

Ray L. Mugauro Ray Mugauro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/07 727
Date Daytime Phone #