

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUL -1 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J92650

1. Corporation Name  
SWEETWATER CENTER, INC.

Principal Place of Business Mailing Address

5787-5803 TAYLOR BRANCH ROAD PORT ORANGE, FL 32127      1115 HARMS WAY PORT ORANGE, FL 32119

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 92-98

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 9/17/87

5. FEI Number 59-2840530 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>P/T/S</u>	<u>DOMINIC D'ALEXANDER</u>	<u>1115 HARMS WAY</u>	<u>PORT ORANGE, FL 32119</u>
<u>D/M</u>	<u>KATHERINE D'ALEXANDER</u>	<u>1115 HARMS WAY</u>	<u>PORT ORANGE, FL 32119</u>
			<u>500002583155--8</u> <u>-07/08/98--01071--028</u> <u>***1658.75 ***1658.75</u>

8. Name and Address of Current Registered Agent

DOMINIC D'ALEXANDER  
1115 HARMS WAY  
PORT ORANGE, FL 32119

9. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Dominic D'Alexander Date 6/29/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: Dominic D'Alexander Date 6/29/98 Daytime Phone # 904-761-2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (11/98)