

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010019

1. Limited Liability Company's Name

SWEETING ASSOCIATES, LLC

400120588364
03/18/08--01012--009 **238.75
400120588364
06/05/08--01028--003 **138.75

CR2E041 (12/07)

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

950 NW 11TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

33311

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/21/2000

6. FEI Number

65079877

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

J. MICHAEL HAYGOOD

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

1551 FORUM PLACE

Suite, Apt. #, Etc.

400-B

City

WEST PALM BEACH

State

FL

Zip Code

33401

☐ A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

01/11/08

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NEW VISIONS COMMUNITY DEVELOPMENT	950 NW 11TH AVENUE	FT. LAUDERDALE, FL 33301

REINSTATEMENT

07-08

3/11/08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

[Handwritten Signature]

Date

3/11/08

Daytime Phone #

954-768-0920

Typed or printed name of signing Managing Member/Manager

Jacqueline Tufts