

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Gilda R. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

04 APR 27 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010578

Name and Mailing Address

0015954 01 MB 0.309 \*\*AUTO T9 0 0615 32401-304402



SWEETWATER LAND COMPANY, LLC  
502 HARMON AVENUE  
PANAMA CITY FL 32401-3044

**REINSTATEMENT**

2003-  
2004



2. New Mailing Address

304 South Glades Trail

City, State, Zip

PANAMA CITY BEACH, FL 32407

Principal Place of Business

502 HARMON AVENUE  
PANAMA CITY FL 32401

3. New Principal Place of Business Address

304 South Glades Trail

City, State, Zip

PANAMA CITY BEACH, FL 32407

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/26/2001

6. FEI Number

65-1118439

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

WILLIAMS, JACK G  
502 HARMON AVENUE  
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

JACK C. MORRIS

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

304 South Glades Trail

City

PANAMA CITY BEACH

FL

Zip Code

32407

10. 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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 4-20-04

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	STEVENSON, W. ROBERT	5801 TOWN BAY DRIVE, SUITE 613	BOCA RATON FL 33486
MGRM	MORRIS, JACK C	304 SOUTH GLADES TRAIL	PANAMA CITY BEACH FL 32407

000035824590  
05/10/04-01089-024 \*\*200.00

*[Signature]*

12. 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

*[Signature]*  
SIGNATURE REQUIRED

Date 4-20-04 Daytime Phone # 850-624-3281

Typed or printed name of signing Managing Member/Manager

JACK C. MORRIS

CR2E084 (7/03)