

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC -9 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000019294

1. Limited Liability Company's Name

Sweetwater Groves, L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4916 Dallas McClellan Road		4916 Dallas McClellan Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zolfo Springs, FL		Zolfo Springs, FL	
Zip	Country	Zip	Country
33890	USA	33890	USA

4. State/Country of Formation	
Florida/USA	
5. Date Organized or Qualified To Do Business in Florida	
3/11/2004	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
20-0844760	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent			
Name			
John B. Klein			
Street Address (P.O. Box Number is Not Acceptable)			
4916 Dallas McClellan Road			
Suite, Apt. #, Etc.			
City	State	Zip Code	
Zolfo Springs	FL	33890	

E-mail Address:
300215044743
12/09/11--01031--020 ***377.50
jdbcpa@strato.net
(To be used for future annual report notices)

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 *[Signature]* Date 12-6-11
REGISTERED AGENT MUST SIGN

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	John B. Klein	4916 Dallas McClellan Road	Zolfo Springs, FL 33890
MGRM	Donna Klein	4916 Dallas McClellan Road	Zolfo Springs, FL 33890

REINSTATEMENT
2010-2011

J. SAULSBERRY
EXAMINER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *[Signature]* Date 12-6-11 Daytime Phone # 863-735-1771

Typed or printed name of signing Managing Member/Manager John B. Klein