

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000076307

1. Limited Liability Company's Name

Sweet Water, LLC

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

7605 Progress Circle

Suite, Apt. #, etc.

Unit 1

City & State

West Melbourne FL

Zip

32904

Country

USA

3. Mailing Office Address

2 Muirfield Place

Suite, Apt. #, etc.

City & State

Arden, NC

Zip

38704

Country

USA

4. State/Country of Formation

Florida UA

5. Date Organized or Qualified
To Do Business in Florida

8/2/2006

6. FEI Number

20-5303941

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

Alison J. Moses, Esquire

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

1311 Bedford Drive

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32940

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

REGISTERED AGENT MUST SIGN

Date **12/29/10**

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	George Stray	2 Muirfield Place	Arden, NC 28704

11. E-mail Address:

(To be used for future annual report notifications)

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

Date

12/28/10

Daytime Phone #

828-398-9921

Typed or printed name of signing Managing Member/Manager

FILED
10 DEC 30 PM 2:46
CLERK OF STATE
TALLAHASSEE, FLORIDA
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CR2E041 (05/10)