PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 AUG 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003490

1. Corporation Name
Sweetwater Ridge Property Owners Association, Inc.

2. Principal Office Address		**3.** Mailing Office Address	
107 Sweetwater Circle		107 Sweetwater Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Crawfordville, Florida		Crawfordville, Florida	
Zip: 32327	Country: USA	Zip: 32327	Country: USA

REINSTATEMENT (CR2E08) (12/05) 01-06

4. Date Incorporated or Qualified To Do Business in Florida: 5/30/2000

5. FEI Number: 59-3648572 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Frances Casey Lowe

Street Address (P.O. Box Number is Not Acceptable): 3119-B Crawfordville Highway

Suite, Apt. #, Etc.:

City: Crawfordville | State: FL | Zip Code: 32327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Frances C Lowe — Date: 8/17/06
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Brian Lowe	107 Sweetwater Circle	Crawfordville, FL 32327
VP	Mike Boxberger	231 Sweetwater Circle	Crawfordville, FL 32327
S	Patrice Talbott	247 Sweetwater Circle	Crawfordville, FL 32327
		900079235439 08/31/06--01040--010 **551.25	

10. 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 contained in Chapter 119, 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: Brian Lowe-President — 8-17-06 — 850-926-8245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell AUG 29 2006