

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -7 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000003874**

1. Corporation Name

**SLOAN'S LANDING CONDOMINIUM
ASSOCIATION, INC.**

2. Principal Office Address

201 FRONT ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

MONROE

3. Mailing Office Address

201 FRONT ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

MONROE

04-14-03 90936 oll #61.25

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/2001

5. FEI Number

02-0561729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ED SWIFT

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

201 FRONT ST.

Suite, Apt. #, Etc.

City

KEY WEST

State

FL

Zip Code

33040

REINSTATEMENT

200035749672
05/07/04-01042-005 **238.25

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

Date

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
D	ED SWIFT	201 FRONT ST.	KEY WEST, FL 33040
D	KARL SCHEVERMAN	1201 OLIVIA ST	KEY WEST, FL 33040
D	PETER BATTY	912 GEORGIA ST	KEY WEST, FL 33040

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 under section 119.07(3)(i), 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:

KARL SCHEVERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

305-294-3225
Daytime Phone #

CR2E081 (9/01)

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