

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1103000002231

1. Corporation Name

Sweetwater Athletic Association, Inc.

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

1914 art museum Dr.

Suite, Apt. #, etc.

suite B.

City & State

Jax. FL 32207

Zip

32207

Country

USA.

3. Mailing Office Address

1914 art museum Dr. suite B.

Suite, Apt. #, etc.

S. B.

City & State

Jacksonville Florida

Zip

32207

Country

USA.

7. Name and Address of Current Registered Agent

Name

Denna L. Moore

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

1914 art Museum Dr.

Suite, Apt. #, Etc.

suite B.

City

Jacksonville

State

FL

Zip Code

32207

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

Denna L. Moore

REGISTERED AGENT MUST SIGN

Date

3/13/06

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
PD	Denna L. Moore Sr.	952 Frost St.	Jax. FL 32221
VP	Honey Moore L.	4322 Biddy Ln	Jax. FL 32210
Treas	Danella Moore	4322 Biddy Ln.	Jax. FL 32210
SD	Anthony R. Dayton	3809 MacGregor Dr.	Jacksonville FL 32210

REINSTATEMENT

04-07 B 1/29/07

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:

Denna L. Moore Sr.

DEANNA L. MOORE SR.

Date

1/24/07

904-334-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

2007 JAN 26 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300087202263
02/05/07--01003--006 **420.00

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/03

5. FEI Number

None

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐

\$3.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.