

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 20 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03060002231

1. Corporation Name

SWEETWATER ATHLETIC ASSOCIATION, INC.

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

6974 Wilson Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

6974 Wilson Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32210

Country

United States

Zip

32210

Country

United States

4. Date Incorporated or Qualified

To Do Business in Florida 03/13/03

5. FEI Number

N/A

☒ 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

Derra L. Moore Sr.

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

952 Frost Street

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32221

☒ 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.

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

*Derra L. Moore Sr.*

REGISTERED AGENT MUST SIGN

Date

*4/12/2010*

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	Derra L. Moore Sr.	952 Frost Street	Jacksonville, FL 32221
VP	Donny W. Moore	4322 Biddy Lane	Jacksonville, FL 32210
T	Pamela Moore	4322 Biddy Lane	Jacksonville, FL 32210
SD	Anthony L. Drayton	3809 MacGregor Dr.	Jacksonville, FL 32210
		<i>AR 4/20</i>	

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10. E-mail Address: derragator@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Derra L. Moore Sr.* Derra L. Moore Sr. 4/12/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #