

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 28 PM 1:15

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

~~12/28/09 01044-013 \*\*122.50~~

300163980493  
12/28/09--01044--019 \*\*122.50  
CR2E081 (11/09)

DOCUMENT # *N 040000 10 559*

1. Corporation Name

*The Estates of Sawgrass Lakes Property Owners  
Association, INC.*

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

*43 River DR*

Suite, Apt. #, etc.

City & State

*Tequesta, FL*

Zip

*33469*

Country

*Palm Beach*

3. Mailing Office Address

*11021 Lakeview DR*

Suite, Apt. #, etc.

City & State

*Carmel, IN*

Zip

*46033*

Country

*Hamilton*

4. Date Incorporated or Qualified  
To Do Business in Florida

*11/8/2004*

5. FEI Number

*810670142*

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

*John D. Rynard*

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

*43 River DR*

Suite, Apt. #, Etc.

*#*

City

*Tequesta*

State

*FL*

Zip Code

*33469*

☒ 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

*John D. Rynard*

REGISTERED AGENT MUST SIGN

Date *12-23-2009*

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
PO	John D. Rynard	43 River Dr	Tequesta, FL 33469
VPS	Susie M. Rynard	11021 Lakeview DR	Carmel, IN 46033
STD	John D. Rynard JR.	11021 Lakeview DR	Carmel, IN 46033

**REINSTATEMENT**

10. E-mail Address:

*JRYNARD@AOL.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:

*John D. Rynard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12-23-2009 317 557-1655*

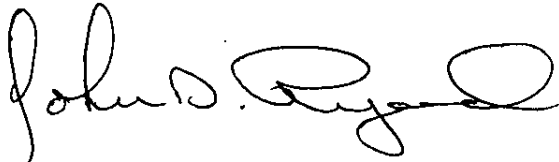
Date

Daytime Phone #

PLEASE REINSTATE ORIGINAL ASSOC. FIRST AND THEN AMEND.

*N04000010559*

Thank you

A handwritten signature in cursive script, appearing to read "John D. Rynard". The signature is fluid and stylized, with the first name "John" being the most prominent part.

John D Rynard

*12-23-2009*