

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN 16 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N34564

1. Corporation Name

SAWGRASS OF SANIBEL HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

SAWGRASS OF SANIBEL HOA. INC.
P O BOX 582
SANIBEL FL 33957

SAWGRASS OF SANIBEL HOA. INC.
P O BOX 582
SANIBEL FL 33957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1989

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DAVIS, GEORGE H	1100 MAIN ST #3	FORT MYERS BEACH FL 33931
PD	HACKENBURG, GUENTER	490 SAWGRASS PL	SANIBEL FL 33957
VPD	WOEHL, GERHARD	489 SAWGRASS PL	SANIBEL FL 33957
D	WOEHL, CAROLINE	490 SAWGRASS PL	SANIBEL FL 33957

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DAVIS, GEORGE H~~
~~1100 MAIN ST #3~~
~~FORT MYERS BEACH FL 33931~~
LOUWERS, THOMAS R
SUITE 102 1619 PERIWINKLE WAY
SANIBEL FL 33957

Name LOUWERS, THOMAS R. MST
Street Address (P.O. Box Number is Not Acceptable)
1619 PERIWINKLE WAY
Suite, Apt. #, Etc. SUITE 102
City SANIBEL
State FL
Zip Code 33957

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Thomas R. Louwers
REGISTERED AGENT MUST SIGN

Date

1/11/01

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUENTER HACKENBURG, PD

Date

Daytime Phone #

January 5, 2001

MR. LOUWERS

PHONE:

941/472-5152

CR2E040 (800)