

APPLICATION FOR REINSTATEMENT



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

FILED

DOCUMENT # N35596

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99 DEC 20 PM 12:46

1. Corporation Name  
 SWEETWATER COURTS CONDOMINIUM NO. 5 ASSOCIATION, INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 10930 LAKEMORE LANE, ~~202~~ 102 BOCA RATON FL 33498  
 10930 LAKEMORE LANE ~~202~~ 102 BOCA RATON FL 33498



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/07/1989	
City & State		City & State		5. FEI Number	
				65-0251755	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED	
				Applied For Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	STEWART, CHANDRA	10930 LAKEMORE LANE, #102	BOCA RATON FL
TD	SCHREIBER, LEO	10930 LAKEMORE LANE, #101	BOCA RATON FL
VSD	RILEY, LARRY D	<del>10930 LAKEMORE LANE #102</del> 10084 ENCORE PATH	BOCA RATON FL <del>33498</del> 33482
			400003082334--4 -12/28/99--01076--008 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, CHANDRA 10930 LAKEMORE LANE SUITE 102 BOCA RATON FL 33498	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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: Chandra Stewart **SIGNATURE REQUIRED** Date: 11-1-99  
 REGISTERED AGENT MUST SIGN

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: Chandra Stewart **SIGNATURE REQUIRED** Date: 11-1-99 (561) 487-7844  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #