PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

REIN	ISTATEMENT		Secret v C Si	i) NS		FILED	U	
	SUMENT-#N3559 ration Name		d	(01 OCT 22 AM 9:	:57		
SWEETWATER COURTS CONDOMINIUM NO. 5 ASSOCIATI INC.					SECKETARY OF STATE TALLAHASSEE FLORIDA			
Principal P	Place of Business	Mailing Addr	YYDER "					
10930 LAKE BOCA RATO	EMORE LANE 1985 , #103 ON FL 33498	10930 LAKEMO	10930 LAKEMORE LANE DOR #103 BOCA RATON FL 33488					
	addresses are incorrect in any way, line thr		information and enter co		4. Date incorp	porated or Qualified		
Suite, Apt.			Suite, Apt. #, etc.		To Do Busin	iness in Florida	2/07/1989	
City & State		City & State	APT #	103	5. FEI Number	65-0251755	Applied For	
Zip	Country	10930	DLAKEMO!		6.	S8	Not Applicable 8.75 Additional Fee required	
		BOCA	KATON 33	498 ##	<u> </u>		for a Certificate of Status	
	and Street Addresses of Each Officer and, Name of Officers	/or Director (Flor		ations must list at leas eet Address of Each		T		
Title(s)	2 and/or Directors					City / S	State / Zip	
PD	STEWART, CHANDRA- WENDY SNYDER 10930 LAK			E LANE, \$1992 #10	3	BOCA RATON FL さ	3498	
TD	D SCHREIBER, LEO 109			0930 LAKEMORE LANE, #101		BOCA RATON FL 33498		
₩80: SD	TARA STEWA		10084 ENCORE PATH- 10930 LAKEMORE LN #102					
•						00046790 -11/14/0101	1078008 [
		,				*****61.25	*****61.25	
							L8	
	8. Name and Address of Current	Registered Age	ant		9. Name and /	Address of New Registered	1 Agent	
	- SANDE	-n /1/4	-1/NV	Name SM	Y.DE,	P WEND	(8001)	
10930	ART, CHANDRA SNYDE; LAKEMORE LANE 182, 103	-	-142)	Street Address (P.	O LAKEMORE LN.			
	RATON FL 33498				# 10	3		
				City BOCK	4 RA	TOM FL		
10. I, being	g appointed the registered agent of the abo	ove named corpo	oration, am familiar with		ligations of Section	on 607.0505, F.S.	,	
	68001.00 to 1.0	Frod Sin R.	* 625-621 i	מחומים וויק		. 1		
Signature of Registered Agent Date /0/15/0/								
	VWENT	A ALEMENTA	y DER	TRES/L	<u>>₹</u>			
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.								
SIGNAT	TURE: SIGNATURE AND TYPED OR PF	JELL S	EQUIR'	SIO_		10/15/01	Daytime Phone #	
	41A	575V .	WY DEF	25		paid /	yayume i none #	

10/16/01 Floreda Depl of State Devesion of Corporations Tallahassee, Florida 10 Whom it May Oncern: Sesterday October 15th was to saw anythourement about he 2001 Corporation + axual Report Sweetwater Courty Condoning # # N35596 Notice of administra-Tive Dissolution Came to me tas Treasurer of the Condo assn an enclosing the application for constatement duly se Current President Wordy Shipler along with cleck #358 & as playment to the 200 Condollesso. that you approve warner of the late of we nevel received and or notification during 2001 until the dessolution package arrived, We appreciate a positive decesion on the whiver and thank you in advance for your assistan all pertinent current Corrections have made on the form thank you Severely your