

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -2 AM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N4 3194*

1. Corporation Name
SWEETWATER AND CONCERNED CITIZENS COMMUNITY ASSOCIATION INC.

W97-12130

Principal Place of Business
*6974 WILSON BLVD
JAX, FL 32210*

Mailing Address
*7176 Matthew Street
Jax, FL 32210*

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 <i>1983</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59-3135430</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P-D	Curtis L. Johnson	7176 Matthew Street	Jax, FL 32210
V-D	Ruby R. George	7034 Luke Street	Jax, FL 32210
S	Mary L. Howard	7231 Luke Street	Jax, FL 32210
T-D	Genell M. Mills	8802 Ivy Mill PL N	Jax, FL 32244
REINSTATEMENT <i>45-97</i>			

8. Name and Address of Current Registered Agent <i>Genell M. Mills 8802 Ivy Mill PL N Jax, FL 32244</i>	9. Name and Address of New Registered Agent <i>6-4-97</i> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City
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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 *Genell M. Mills* Date *5-20-97*

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Curtis L. Johnson* *Curtis L. Johnson 5/20/97* *1-904-771-2159*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #