

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 12:29

DOCUMENT # **N43194**

1. Corporation Name

**SWEETWATER AND CONCERNED CITIZENS COMMUNITY ASSO  
CIATION INC.**

Principal Place of Business

6974 WILSON BLVD  
JACKSONVILLE FL 32210

Mailing Address

7176 MATTHEW STREET  
JACKSONVILLE FL 32210



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/25/1991

5. FEI Number

59-3135430

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City, State, Zip
PD	JOHNSON, CURTIS	7176 MATTHEW ST.	JACKSONVILLE FL 32210
VD	GEORGE, RUBY R.	7034 LUKE STREET	JACKSONVILLE FL 32210
S	HOWARD, MARY M.	7231 LUKE STREET	JACKSONVILLE FL 32210
TD	MILLS, GENELL M.	8802 IVY MILL PL N	JACKSONVILLE FL 32244

8. Name and Address of Current Registered Agent

MILLS, GENELL M  
8802 IVY MILL PL N  
JACKSONVILLE FL 32244

9. Name and Address of New Registered Agent

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

*Genell M. Mills*

REGISTERED AGENT MUST SIGN

Date 10-16-01

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:

*Ruby R. George* V. President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01 (904) 396-4063  
Date Daytime Phone #

CR2E040 (8/01)