


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 09 SEP -4 AM 11:30 SECRETARY OF STATE TALLAHASSEE FL 32304 300160344613 09/04/09--01003--013 **245.00 REINSTATEMENT 06-09 4. Date Incorporated or Qualified To Do Business in Florida 8/28/91 5. FEI Number 650370081 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
DOCUMENT # N44892			
1. Corporation Name Sawgrass Plantation Homeowners' Association, Inc.			
2. Principal Office Address - No P.O. Box # 4373 Rock Island Rd.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lauderhill, FL		City & State	
Zip 33319	Country USA	Zip	Country
7. Name and Address of Current Registered Agent			
Name Kelly Crittenger			
Street Address (P.O. Box Number is Not Acceptable) 4373 Rock Island Rd.			
Suite, Apt. #, Etc.			
City Lauderhill, FL		State FL	Zip Code 33319
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent Kelly Crittenger		Date 7/24/09	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	James Born	13435 NW 5 Place	Plantation, FL 33325
VPI	Jack Sherman	13449 NW 5 Court	Plantation, FL 33325
Treas.	Mary Ann Mondo	13425 NW 6 Drive	Plantation, FL 33325
Sec.			
10. 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 contained in Chapter 119, 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: James Born		Date 7/24/09	Daytime Phone # (951) 739-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

7/28/09