

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # N95000005805

1. Corporation Name

SWEETWATER EAST COMMUNITY, INC.

Principal Place of Business

Mailing Address

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

P. O. BOX 3105

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HAINES CITY, FL

Zip

Country

Zip

33844

Country

POLK

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/95

593351663

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)

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
1	2	3	4
P/D	HUMMER, CHARLES W., JR.	649 SWEETWATER WAY	HAINES CITY, FL 33844
VP/D	DITTMER, NORMAN	440 SWEETWATER WAY	HAINES CITY, FL 33844
S/D	MATT, DAVID	443 SWEETWATER WAY	HAINES CITY, FL 33844
T/D	ST. DENNIS, THOMAS J., SR.	454 SWEETWATER WAY	HAINES CITY, FL 33844
D	MANLY, RITA	450 SWEETWATER WAY (SEE ATTACHMENT)	HAINES CITY, FL 33844
D	BROWN, HAROLD	560 PINNACLE DRIVE	HAINES CITY, FL 33844

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

9. Name and Address of New Registered Agent

Name
STEPHEN F. BAKER
Street Address (P.O. Box Number is Not Acceptable)
565 AVENUE K, S.E.
Suite, Apt. #, Etc.
City
WINTER HAVEN
State
FL
Zip Code
33880

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

REGISTERED AGENT MUST SIGN

Date 3/7/97

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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman Dittmer

3/7/97 (941) 421-6515

Date

Daytime Phone #

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

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CR2E040 (12/96)

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<u>Title</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
D	CHAPPEL, PAULINE	645 WATERCREST DR.	HAINES CITY, FL 33844
D	WOLFF, HELMUT	423 HARBOURVIEW DR.	HAINES CITY, FL 33844
D	STEBBE, ROBERT	630 WATERCREST DR.	HAINES CITY, FL 33844