

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 2:55

DOCUMENT # N95000006050

1. Corporation Name

SWEETWATER CREEK SOUTH HOMEOWNERS
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #
11555 Central Pkwy.

3. Mailing Office Address
11555 Central Pkwy.

Suite, Apt. #, etc.
Suite 801

Suite, Apt. #, etc.
Suite 801

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32224

Country
USA

Zip
32224

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/18/1995

5. FEI Number
593360392

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
First Coast Assoc. Management, LLC

Street Address (P.O. Box Number is Not Acceptable)
11555 Central Parkway

Suite, Apt. #, Etc.
Suite 801

City
Jacksonville

State
FL

Zip Code
32224

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Margaret Stang CEO
REGISTERED AGENT MUST SIGN

Date 11/29/09

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
P/D	Scott Kovarik	11555 Central Pkwy., #801	Jax., FL 32224
V/D	Harold Burrell	11555 Central Pkwy., #801	Jax., FL 32224
S/D	Skipp Titus	11555 Central Pkwy., #801	Jax., FL 32224
T/D	John Mason	11555 Central Pkwy., #801	Jax., FL 32224
D	Steve Chapman	11555 Central Pkwy., #801	Jax., FL 32224

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Kovarik, Pres.

Date

11/12/09

Daytime Phone #

(904) 646-2608