

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

01 NOV 26 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060577

1. Corporation Name

SAWGRASS MANAGEMENT
CORP.

2. Principal Office Address

40 ZIELINSKI

Suite, Apt. #, etc.

PO Box 9017

City & State

CORAL SPRINGS, FL

Zip

33075

Country

USA

3. Mailing Office Address

40 ZIELINSKI

Suite, Apt. #, etc.

PO Box 9017

City & State

CORAL SPRINGS, FL

Zip

33075

Country

USA

200004721192--3

-12/12/01--01078--006

****150.00 ****150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/1/1995

5. FEI Number

65-0519140

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

COLS, JONATHAN E

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

250 ROYAL PALM WAY STE 300

Suite, Apt. #, Etc.

~~250~~

City

PALM BEACH, FL

State

FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date

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	MICHAEL DOWLING	125 MAIN ST #50	NEWMARKET N.H. 03857
D	HARPLE, KENNETH	3921 SE 26th COURT RD OCALA FL	OCALA FL 34480
S	MAYSON DOWLING	125 MAIN ST. #50	NEWMARKET N.H. 03857

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 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

Date

Daytime Phone #

11/24/01

683-699-0769

CP25001 (8/00)

**MICHAEL DOWLING
SAWGRASS MANAGEMENT CORP.
C/O ZIELINSKI
PO BOX 9017
CORAL SPRINGS FL 33075**

November 21 ,2001

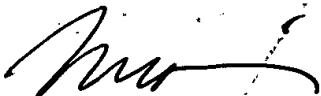
Reinstatement Section
Division of Corporations
Florida Secretary of State
P O Box 6327 Tallahassee FL 32314

Gentlemen,

Enclosed is a reinstatement application and annual report fees for this corporation. This year, the annual report forms never reached me, possibly because my handwritten address on the previous year's report was illegible. I apologize for any inconvenience caused by that.

The company now has a new address in Coral Springs as shown on the reinstatement application and on this letterhead. Thank you for your assistance and consideration of my request for a waiver of the reinstatement fee.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Dowling", written over a faint circular stamp.

Michael Dowling
President