

**2007 FOR PRO CORPORATION  
REINSTATEMENT**

DOCUMENT # P96000099097

1. Entity Name  
SHOPPES OF SWEETWATER, INC.



FILED

07 NOV 30 PM 12:14

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8680 COMMODITY CIR STE 200B  
ORLANDO, FL 32819

Mailing Address  
8680 COMMODITY CIR STE 200B  
ORLANDO, FL 32819



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT**

4. FEI Number 59-3414239  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D ESQ  
8680 COMMODITY CIR STE 200B  
ORLANDO, FL 32819

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KORSHAK, STEPHEN D
STREET ADDRESS	8680 COMMODITY CR., SUITE 200B
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	11-08-07 01053006 \$150
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*9/11/30*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowerments.

SIGNATURE \_\_\_\_\_

*Stephen D. Korshak*

9/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #