

2007 FOR PRO CORPORATION
REINSTATEMENT

DOCUMENT # P96000099097

1. Entity Name
SHOPPES OF SWEETWATER, INC.



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

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

07 NOV 30 PM 12:14

CLERK OF STATE
TALLAHASSEE, FLORIDA



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

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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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KORSHAK, STEPHEN D
8680 COMMODITY CR., SUITE 200B
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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11-08-07 01053 006 \$150

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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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #