

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000103162

1. Corporation Name

SWEETWATER AG, INC.

2. Principal Office Address

15300 SW Jackson Avenue

Suite, Apt. #, etc.

City & State

Indiantown, FL

Zip

34956

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

34956

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-10-1998

5. FEI Number

650883852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Michale L. Dale, Esq.

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

2616 SE Willoughby Blvd.

Suite, Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34994

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

Date 6-29-05

REGISTERED AGENT MUST SIGN

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/S/T/D	Fennell, Howard F.	P.O. Box 429	Indiantown, FL 34956
			510056810725 06/30/05--01046--010 **1050.00

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

6-29-05

Date

772 286-2323

Daytime Phone #

CR2E081 (01/05)