

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 NOV 14 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000099211

**1. Corporation Name**

SOVEREL DEVELOPMENT SAWGRASS LAKES, INC.

**2. Principal Office Address**

298 SW Panther Terrace

**3. Mailing Office Address**

298 SW Panther Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Port St. Lucie, FL

**City & State**

Port St. Lucie, FL

**Zip**

34953

**Country**

USA

**Zip**

34953

**Country**

USA

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

11/12/99

**5. FEI Number**

65-0960340

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2000**

**7. Name and Address of Current Registered Agent**

**Name**

Mark W. Soverel

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

298 SW Panther Terrace

Suite, Apt. #, Etc.

**City**

Port St. Lucie

**State**

FL

**Zip Code**

34953

700003487347-4  
12/05/00-01043-016  
\*\*\*\*750.00 \*\*\*\*750.00

**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

Mark W. Soverel

REGISTERED AGENT MUST SIGN

Date

11/13/00

**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
D/P/S/T	Mark W. Soverel	298 SW Panther Terrace	Port St. Lucie, FL 34953

**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 Mark W. Soverel

11/13/00

Daytime Phone #

(561) 879-1080