## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS  |  | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA |   |
|---|--|---|---|
| DOCUMENT # \$13025  1. Corporation Name  SWEETWATER   | BRANCH PROPE   | RTIES, INC.                                   | 11 APR 14 PM 1:44   |
| 2. Principal Office Address - No P.O. Box # 617 East University Ave. Suite, Apt. #, etc.  | 3. Mailing Office Addres 617 East Uni: Suite, Apt. #, etc. |   | REINSTATEMENT 05-<br>800201906198<br>04/14/1101036006 ***1685.00<br>CR2E081 (11/10)   |
| City & State  Gainesville, FL  Zip Country  32601 USA   | City & State  Gainesville,  Zip  32601                     | FL<br>Country<br>USA                          | To Do Business in Florida 11/13/1990  5. FEI Number Applied For S93111029 Not Applicable  6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status |
| 7. Name and Address of Name Giovanna Holbrook Street Address (P.O. Box Number is Not Acceptable) 3540 N.W. 13th Street Suite, Apt. #, Etc.  |  | nt  |   |
| City  Gainesville  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the o   |  |   | Obligations of section 607.0505 or 817.0503, F.S.   |
| 9. Names and Street Addresses of Each Officer and Titles Officers and/or Directors  |  | T SIGN Officer and/or Direct                  | ach Chulout T   |
| D Giovanna Holbrook   | 3540   | N.W. 13th Str                                 | AU)   |
|   |  |   |   |
| 10. E-mail Address: cj4421@bellsouth.net Grovang @ Lolorook Travel.com  |  |   |   |
| (To be used for future annual report notification)  11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree fellow as provided form a 317.155, F.S.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Daytim Phone # |  |   |   |