PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 OCT 24 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H47802

1. Corporation Name

JUST DESSERTS INC.

Principal Place of Business	Mailing Address
14202 CARLSON CIRCLE TRI-COUNTY BUSINESS PARK TAMPA FL 33626 US	11009 SUNSWEPT PLACE TAMPA FL 33624 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 2001

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	14202 Carlson Cir.
City & State	Suite, Apt. #, etc. TPA FL
Zip / Country	City & State 33626 / Hillsborough

4. Date Incorporated or Qualified To Do Business in Florida: 03/19/1985

5. FEI Number: 59-2496816 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	FAULKNER, PATRICK D.	~~11009 SUNSWEPT PLACE~~ 10725 Tavistock Dr.	TAMPA FL
V	FAULKNER, MIA	~~11009 SUNSWEPT PLACE~~ 10725 Tavistock Dr.	TAMPA FL
S	FAULKNER, HELEN	2606 LITTLE ROAD	VALRICO FL
T	FAULKNER, MIKE	188 UPPER FLAT CREEK RD	WEAVERVILLE NC

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****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FAULKNER, PATRICK 11009 SUNSWEPT PLACE TAMPA FL 33624	Name: PATRICK FAULKNER Street Address (P.O. Box Number is Not Acceptable): 14202 Carlson Cir Suite, Apt. #, Etc. City: Tpa., Fl. State: FL Zip Code: 33626

CR2E040 (6/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date: 10.22.01
REGISTERED AGENT MUST SIGN

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., 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 REQUIRED Pres 10.22.01 8138919622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #