PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB -8 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021075

1. Corporation Name

SUGAR LINE INC.

REINSTATEMENT
03-07

5/2/03 90731 045 $150.00
5/28/04 90002 002 $150.00
5/06/05 90094 024 $150.00

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
229 NW 22 Ave	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33125 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/01/2000

5. FEI Number: 83-0472421 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Magdyel S. Duarte

Street Address (P.O. Box Number is Not Acceptable): 229 NW 22 Ave

Suite, Apt. #, Etc.

City: Miami State: FL Zip Code: 33125

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: [signature] REGISTERED AGENT MUST SIGN Date: 02/08/07

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
PSTD	Magdyel S. Duarte	229 NW 22 Ave	Miami, Fl 33125

600088066836
02/13/07 01009--029 **450.00

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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] 02/08/07 305-300-4353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SUGAR LINE INC.
P00000021075

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID SEND OUT THE 2003 UBR FORM BUT NEVER HEARD ANYTHING BACK FROM YOUR OFFICE. I ALSO STATE THAT YOU HAVE THE PAYMENT FOR 2004. I WOULD LIKE TO HAVE THE LATE FEES WAIVED. THANK YOU IN ADVANCE FOR YOU ATTENTION IN THIS MATTER.

CORDIALLY,

MAGDYEL S. DUARTE
PRESIDENT