

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 NOV -8 AM 10:36

DOCUMENT # **834657**  
 1. Corporation Name  
**SWENSEN'S ICE CREAM COMPANY**

300003046053--6  
 -11/16/99--01082--011  
 \*\*\*\*750.00 \*\*\*\*750.00

Principal Place of Business Mailing Address  
 4175 VETERANS HWY. 4175 VETERANS HWY.  
 RONKONKOMA NY 11778 RONKONKOMA NY 11778



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/11/1975	
City & State		City & State		5. FEI Number	
Zip		Country		94-1724297	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
CD	SMITH, RICHARD	4175 VETERANS HWY.	RONKONKOMA NY 11779
P	WELTY, JOHN R.	4175 VETERANS HWY.	RONKONKOMA NY 11779
ST	<del>ANDRECHAK, RICHARD, E</del>	4175 VETERANS HWY.	RONKONKOMA NY 11779
VD	STEVENS, GARY, P	4175 VETERANS HWY.	RONKONKOMA NY 11779

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code

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: Barbara A. Burke SPECIAL ASSISTANT SECRETARY Date: 11-4-99

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: GARY P. STEVENS REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/3/99 Daytime Phone #: 737-9700

CR22004 (REV)