

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F02000000750

Entity Name: SWEET DREAMS ICE CREAM, INC.

FILED  
Dec 07, 2004  
Secretary of State

## Current Principal Place of Business:

501 HIGHWAY 98 EAST  
DESTIN, FL 32541

## New Principal Place of Business:

4655 GULFSTARR DRIVE  
DESTIN, FL 32541

## Current Mailing Address:

620 FALLS LAKE DRIVE  
ALPHARETTA, GA 30022

## New Mailing Address:

FEI Number: 80-0004875

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSCD ( ) Delete  
Name: GOLD, BARRY  
Address: 620 FALLS LAKE DRIVE  
City-St-Zip: ALPHARETTA, GA 30022

Title: T ( ) Delete  
Name: BUCHMAN, LISA  
Address: 620 FALLS LAKE DRIVE  
City-St-Zip: ALPHARETTA, GA 30022

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY GOLD

PSCD

12/07/2004

Electronic Signature of Signing Officer or Director

Date