

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003708

1. Corporation Name

SWEET PRODUCTIONS, Inc.

REINSTATEMENT 04-06

2. Principal Office Address

3800 Inverrary blvd

3. Mailing Office Address

same

Suite, Apt. #, etc.

101-1

Suite, Apt. #, etc.

City & State

lauderdale

City & State

FL

Zip

33319

Country

broward

Zip

33319

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/2003

5. FFL Number

33-1045908

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

CONSTANCE POWELL

Street Address (P.O. Box Number is Not Acceptable)

3997 NW 94TH AVE

Suite, Apt. #, Etc.

City

SUNRISE

State
FL

Zip Code

33351

900066217929
02/20/06--01081--023 **358.75

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

Constance Powell

Date

REGISTERED AGENT MUST SIGN

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
P	JAMES POWELL	47 GRISTMIL LANE	PINEHILL NJ 08021
VP	PHANUEL ST VIL	1471 BARCELONA WAY	SAWGRASS FL
S	DENISE SAINTIL	705 NW 9TH AVE	FT LAUDERDALE FL33312
	<i>D. Denise Saintil</i>	<i>officer</i>	

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10. 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 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:

Constance Powell / Constance Powell

Date

2-2-04

Daytime Phone #