

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 29 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N04000008365

1. Corporation Name

SacredStems, Inc.

2. Principal Office Address - No P.O. Box #
42 Fairway Circle

3. Mailing Office Address
42 Fairway Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

Zip
32168

Country
USA

Zip
32168

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 8/26/04

5. FEI Number
20-1883868

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
Bonnie Ogie-Kristianson

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

Suite, Apt. #, Etc.

City
New Smyrna Beach

State
FL

Zip Code
32168

☐ 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

Bonnie Ogie-Kristianson
REGISTERED AGENT MUST SIGN

Date 5/28/08

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, T D	Bonnie Ogie-Kristianson	42 Fairway Circle	New Smyrna Beach, FL 32168
D, S	Lucile Ogie-Kristianson	42 Fairway Circle	New Smyrna Beach, FL 32168
D	Thomas E. Ogie-Kristianson	336 Lincoln Street	Glenview, IL 60025

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: *Bonnie Ogie-Kristianson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/08 386-428-0238

Date Daytime Phone #