

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P00000065332**

1. Corporation Name

**ONLY SWEET DREAMS, INC.**

Principal Place of Business

~~1249 STIRLING RD., #15~~  
~~DANIA FL 33004~~

Mailing Address

~~1249 STIRLING RD., #15~~  
~~DANIA FL 33004~~

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

2. New Principal Office Address, If Applicable

**2267 S. UNIVERSITY DR**

Suite, Apt. #, etc.

City & State

**DAVIE - FL**

Zip

**33324**

Country

**USA**

3. New Mailing Office Address, If Applicable

**2267 S. UNIVERSITY DR**

Suite, Apt. #, etc.

City & State

**DAVIE - FL**

Zip

**33324**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**07/07/2000**

5. FEI Number

**65-0541834**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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
PD	SOSKA, MARIA	<del>1249 STIRLING RD., #15</del> <b>2267 S. UNIVERSITY DR</b>	<del>DANIA FL 33004</del> <b>DAVIE, FL 33324</b>
V	SOSKA, FRANK	<del>1249 STIRLING RD., #15</del> <b>2267 S. UNIVERSITY DR</b>	<del>DANIA FL 33004</del> <b>DAVIE, FL 33324</b>

**700004733047--0**

**-12/19/01--01056--006**

**\*\*\*150.00 \*\*\*150.00**

8. Name and Address of Current Registered Agent

**SOSKA, MARIA**

~~1249 STIRLING RD., #15~~

~~DANIA FL 33004~~

9. Name and Address of New Registered Agent

Name

**SOSKA, MARIA**

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

**2267 S. UNIVERSITY DR**

Suite, Apt. #, Etc.

City

**DAVIE**

State

**FL**

Zip Code

**33324**

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

*Maria Soska*  
REGISTERED AGENT MUST SIGN

Date

**11/4/01**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/4/01**  
**954-693-0475**

CR2ED40 (8/01)

202

November 6, 2001

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

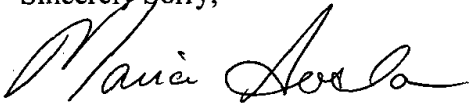
Dear State of Florida,

As per my conversation with your office last week regarding a "Notice of Administrative Dissolution" of my corporation which I received in the mail recently, I would like to make your office aware that I am new to the State of Florida and was unaware of filing a uniform business report before September 21, 2001. I am also a new corporation in the state and am not familiar with required forms.

I have moved my business location two times since my original business location address that you have on file. I have never received notice or information about any reports I needed to file prior to this "Notice of Dissolution" .

The Application enclosed is current information and I think I am in compliance with the State of Florida, for I never intended to do anything wrong and was negligent only because I didn't know....I hope my corporation is reinstated.

Sincerely Sorry,



Maria Soska  
President and Director

ONLY SWEET DREAMS, INC.  
2267 S. UNIVERSITY DRIVE  
DAVIE, FLORIDA 33324  
954 693-0475