

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000087473

1. Corporation Name

Sweetnighter Enterprises, Inc

2. Principal Office Address

892 NW 84 Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

U.S.A.

3. Mailing Office Address

892 NW 84 Dr

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

33071

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

9/15/2000

5. FEI Number

65-1042697

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

ALAN E. KAYSER

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

892 NW 84 Dr

Suite, Apt. #, Etc.

City

Coral Springs

State  
FL

Zip Code

33071

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

Alan E. Kayser

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     |
|--------|-----------------------------------|--|------------------------|
| PD     | ALAN E. KAYSER                    | 892 NW 84 Dr                                   | Coral Springs FL 33071 |
| VPD    | Yu Zhu Kayser                     | 892 NW 84 Dr                                   | Coral Springs FL 33071 |
|        |                                   |  |                        |
|        |                                   |  |                        |
|        |                                   |  |                        |

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01-02 UBR

\*\*\*\*300.00 \*\*\*\*300.00

0. 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)(l), 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

ALAN E. KAYSER

Date

954/572-9401

Daytime Phone #

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June 6, 2002

To Whom It May Concern:

Please know that I never received the reinstatement form for the year 2001. That may be because you have the old address on file. My current address is 892 NW 84 Dr., Coral Springs, FL 33071.

Please reinstate my corporation. I have added here the Corporation Reinstatement form and a check for \$300.00 for both 2001 and 2002.

If you should need to contact me please call 954/572-9401.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alan E. Kayser".

Alan E. Kayser