


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

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

DOCUMENT # P00000090260

1. Corporation Name
 Sweet Tree, Inc.

2. Principal Office Address
 10963 NW 72 Terr.
 Suite, Apt. #, etc.

3. Mailing Office Address
 Suite, Apt. #, etc.

City & State
 Miami Florida

Zip 33178 **Country** USA

FILED
 02 JUN 28 AM 10:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

100006250861--8
 -07/08/02--01085--004
 *****158.75 *****158.75

03/15/01 90014 016 15895

4. Date Incorporated or Qualified To Do Business in Florida 9/25/00

5. FEI Number 01-06 83182 ☒ 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 Marlene Leon-Rubido Esq

Street Address (P.O. Box Number is Not Acceptable) 8500 West Flagler Street A-105

Suite, Apt. #, Etc.

City Miami **State** FL **Zip Code** 33144

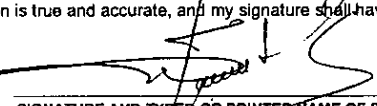
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  **REGISTERED AGENT MUST SIGN** **Date** 4/29/02

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
DPS	Radames E. Monoz	10963 NW 72 Terr.	Miami FL 33178
DVP	Violeta A Monoz	10963 NW 72 Terr	Miami, FL 33178
D	Radames E Monoz Jr.	10963 NW 72 Terr	Miami, FL 33178
D	Anabella V Monoz	10963 NW 72 Terr	Miami, FL 33178
		01-02 482	

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 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** 4/29/02 **Daytime Phone #**

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Marlene Leon-Rubido
Attorney At Law

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Suite A-105
Miami, Florida 33144-2037

Tel: (305) 596-2211
Tel: (305) 227-2700
Fax: (305) 220-8304

June 25, 2002

Division of Corporation
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314
Attention: Reinstatement Department

RE: Sweet Tree, Inc.

Dear Sir or Madam:

Enclosed is the Corporate Reinstatement Form for the above referenced corporation. Your representative has advised that the total reinstatement fee is \$900.00. The Department acknowledges receipt of the sum of \$558.75 towards this reinstatement fee.

Also enclosed are checks totaling \$341.25 (\$158.75 + \$182.50), representing the balance of the reinstatement fee. Please forward confirmation of the filing and reinstatement of the corporation as soon as possible.

Lastly, enclosed is a copy of a notice dated September 13, 2001 which acknowledged that the sum of \$717.50 was received by the Department. Please research your records to determine why only \$558.75 is now acknowledged, what happened to the \$158.75 difference, and if said amount will be refunded.

Thank you for your courtesies and please do not hesitate to contact me if you have any questions.

Sincerely,



Marlene Leon-Rubido, Esquire

Enclosures