

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000096033**

1. Corporation Name

SAVORY THYME CORP.

REINSTATEMENT **05**

CR2E081 (8/05)

2. Principal Office Address

8842 NW 56TH ST

3. Mailing Office Address

8842 NW 56TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

Country

33067

Zip

Country

33067

4. Date Incorporated or Qualified
To Do Business in Florida

10/2000

5. FEI Number

65-1044973110312

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

GREGORY SANDALL

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

8842 NW 56TH ST.

Suite, Apt. #, Etc.

200061219152

11/07/05--01059--015 **151.00

City

CORAL SPRINGS

State

FL

Zip Code

33067

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/20/05**

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
DP	GREGORY SANDALL	8842 NW 56 TH ST	CORAL SPRINGS FL 33067

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

10/20/05

Daytime Phone #

954-709-8907

November 3, 2005

Florida Department of State
Secretary of State
Division of Corporations

Dear Sir or Madame;

The below-mentioned Corporation was relocated in May of 2004 and we did not receive our Annual Report form. For this reason there was a lapse in our corporate status. I am writing to request the reinstatement of my Corporation, FEI Number 65-1044973110312.

Enclosed please find payment in the amount of \$150.00. I would ask that you waive the penalty and update our records to indicate the new mailing address as follows:

Savory Thyme, Corp.
8842 NW 56th Street
Coral Springs, FL 33067

Thank you for your consideration and cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Greg Sandall', with a stylized flourish at the end.

Greg Sandall
Savory Thyme Corp.