

2004AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

CORPORATION

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000099505

1. Corporation Name

SWEETBELL CORP

2. Principal Office Address

2361 W 3rd ST

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HIALEAH FL

City & State

Zip

33010

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1049218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDRES DIAZ

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

14813 NW 88 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33018

500035723725
05/06/04--01072--002 **150.00

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

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
DR	ANDRES DIAZ	14813 NW 88th CT	MIAMI FL 33018

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

Daytime Phone #

CR00031 (05/02)