

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 11 PM 2:54

RECEIVED STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000103131

1. Corporation Name

Sweetheart Dairy & Food Inc

2. Principal Office Address

5610 N. 50th

3. Mailing Office Address

5610 N. 50th

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33610

Country

US

Zip

33610

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11-02-2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

04/26/01 90218 044. \$150.00
10/03/06 01053 012 \$150.00

7. Name and Address of Current Registered Agent

Name

Zuhair Rifaie

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

15106 Alexis Dr

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

REINSTATEMENT

2001-2006
mm

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]

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
P	Rifaie, Zuhair	15106 Alexis Dr	Tampa FL 33624

900081185285
10/25/06--01032--012 **300.00

900081185285
10/25/06--01032--013 **300.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

— To whom it may concern.

10-10-06

Corporation name: Sweetheart Dairy & Food Inc
Document # 1- 100000103/51

~~✱~~ please reinstate the above corporation
as I didn't recieve the Annual Report back
on 2001 with the rejection letter, you send, we
change our address to a new one.

— Thank you

~~2/2~~