

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR -6 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013321

**1. Corporation Name**

Sugar Shakers, Incorporated

300067888159  
03/15/06--01011--012 \*\*450.00

REINSTATEMENT 04-06  
CR2E081 (12/05)

**2. Principal Office Address**

4150 Southwell Way  
Suite, Apt. #, etc.

**3. Mailing Office Address**

4150 Southwell Way  
Suite, Apt. #, etc.

**City & State**

Sarasota, FL

Zip 34241 Country USA

**City & State**

Sarasota, FL

Zip 34241 Country USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/05/01

**5. FEI Number**

651069506

**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**

Cynthia Wright

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

4150 Southwell Way

**Suite, Apt. #, Etc.**

**City**

Sarasota, FL 34241

**State**

FL

**Zip Code**

34241

**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

Cynthia Wright  
REGISTERED AGENT, MUST SIGN

Date 2/22/06

**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
D	Cynthia Wright	4150 Southwell Way	Sarasota, FL 34241
VP	Richard Wright	4150 Southwell Way	Sarasota, FL 34241

**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: Cynthia Wright Cynthia Wright  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/06 941-371-4331  
Date Daytime Phone #

2 of 2

To whom it may concern, March 1, 2006

I am writing to request the reinstatement fee be waived. I did not receive the annual report notices.

I didn't even know it was inactive until I went to the bank a few weeks ago to open up a new account. I called my accountant who handles it for me and after 2 weeks she said it was taken care of. But all she did was start a new corporation and I had told her I wanted mine reinstated. Anyway I called sunbiz.org myself and was told what I needed to do.

Please waive the fee.

Sincerely,

~~Cynthia Wright~~  
Cynthia Wright  
President  
Sugar Shakers.