

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 24 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021502

1. Corporation Name

Sweet Endings, Inc.

2. Principal Office Address - No P.O. Box #

1220 Okeechobee Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

USA

Zip

33401

Country

USA

600152395306

04/24/09--01039--018 \*\*900.00

**REINSTATEMENT** 04-09

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

06-0626059

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

Judy Mercur

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

1220 Okeechobee Rd

Suite, Apt. #, Etc.

City

West Palm Bch

State

FL

Zip Code

33401

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Judy Mercur

REGISTERED AGENT MUST SIGN

Date 3/30/09

**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
Pres	<u>Judy Mercur</u>	<u>Above address</u>	<u>WPB, FL</u>
Dir	<u>Phil Seid</u>	<u>Above address</u>	<u>WPB, FL</u>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Mercur

3/31/09

Date

Daytime Phone #

Jamercur@msn.com

207229439

Judy@Sweetendings.net