

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000057790

1. Corporation Name

B.A. SWEETIE, INC.

Principal Place of Business

119 MACFARLANE DR.  
DELRAY BEACH FL 33483

Mailing Address

119 MACFARLANE DR.  
DELRAY BEACH FL 33483

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1035 S. Federal Hwy 1035 S. Federal Hwy.

Suite, Apt. #, etc.

City & State

Delray Beach, FL  
33483

3. New Mailing Office Address, If Applicable

1035 S. Federal Hwy. 1035 S. Federal Hwy.

Suite, Apt. #, etc.

City & State

Delray Beach 17.  
33483

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2001

5. FEI Number

65-1146744

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WHITWORTH, BILL	402 ATLANTIC BLVD	DELRAY BEACH FL 33483

000008644880  
10/29/02--01038--014 \*\*150.00

BRW

8. Name and Address of Current Registered Agent

WHITWORTH, BILL  
402 ATLANTIC BLVD  
DELRAY BEACH FL 33483

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/24/02

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-278-0808  
561-702-1560  
10/24/02

CR2040 (8/02)

# R. J. Clark & Associates, P.C.

CERTIFIED PUBLIC ACCOUNTANT  
AN ASSOCIATE OF PROFESSIONAL CORPORATIONS

MEMBER  
AMERICAN INSTITUTE OF CPAS  
GEORGIA SOCIETY OF CPAS

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document# P01000057790  
B. A. Sweetie, Inc.

Dear Sir/Madam:

We request that you accept our application for reinstatement. The annual application sent by your office was never received. Furthermore, we ask that you waive all penalties associated with the reinstatement.

Thank you for your time and attention to the matter. Please feel free to contact me if you have any questions.

Sincerely,



Eileen Steele  
Staff Accountant  
October 24, 2002