

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 31 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058455

1. Corporation Name

21 Sweet Thing, Inc.

2. Principal Office Address

308 Clematis St.

3. Mailing Office Address

308 Clematis St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

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

6/8/2001

5. FEI Number

65-1112857

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

Theodore Tarone, Esq.

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

180 Royal Palm Way

Suite, Apt. #, Etc.

Suite 201

City

Palm Beach

State
FL

Zip Code 33480

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

REGISTERED AGENT MUST SIGN

Date 10/28/2002

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/T/S/D	W. Thomas Finneran	1576 3rd Ave.	New York, NY 10128
			500008730395

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

President

10/28/2002 561 832 0272

Date

Daytime Phone #

CR2E081 (9/01)

75 10/31/02

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

NEO SCARPA INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00

2nd
Request