

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAY 14 PM 3:59

DOCUMENT # P01000113652

1. Corporation Name

SWEET BASIL, INC.

2. Principal Office Address

1624-26 KENNEDY CAUSEWAY

Suite, Apt. #, etc.

City & State

NORTH BAY VILLAGE, FLORIDA

Zip

33141

Country

USA

3. Mailing Office Address

1624-26 KENNEDY CAUSEWAY

Suite, Apt. #, etc.

City & State

NORTH BAY VILLAGE, FLORIDA

Zip

33141

Country

USA

REINSTATEMENT 02-04

300037764703

06/08/04--01031--014 **450.00

4. Date Incorporated or Qualified

To Do Business in Florida 11/26/2001

5. FEI Number

60-0001417

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

YONGYUTH NETHONGKOME

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

1624-26 KENNEDY CAUSEWAY

Suite, Apt. #, Etc.

City

NORTH BAY VILLAGE

State

FL

Zip Code

33141

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

Date 5/12/04

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
D	YONGYUTH NETHONGKOME	7510 BEACHVIEW DRIVE	NORTH BAY VILLAGE, FL 33141

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

5/12/04

Date

(305) 756 1591

Daytime Phone #

CR2E081 (01/04)

M. TACHIBANA, C.P.A., P.A.

MEMBER - AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

May 11, 2004

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

**RE: SWEET BASIL, INC.
Annual Report 2002**

Dear Sir/Madam

My client, Sweet Basil, Inc. did not receive the Annual Report notice for 2002 from the State.

Upon your instruction, they are now submitting the Reinstatement Form along with their check in the amount of \$450 as payment for 2002, 2003 and 2004 State of Florida Annual Report filing fee.

We greatly appreciate your kind understanding and cooperation in this matter.

Very Truly Yours,



M. Tachibana, C.P.A

enc.