

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 10 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02 000018499**

1. Corporation Name
Cookie Cravings, Inc.

2. Principal Office Address
15440 Hayes Lane

3. Mailing Office Address
15440 Hayes Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead FL

City & State
Homestead FL

Zip Country
33033 USA

Zip Country
33033 USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/19/2002

5. FEI Number Applied For
04-3816221 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
Spiegel & Utrera, P.A. **David C. Stapleton**

Street Address (P.O. Box Number is Not Acceptable)
1840 S.W. 22nd Street **15440 Hayes Lane**

Suite, Apt. #, Etc.
4th Floor

City
Homestead

State Zip Code
FL 33146 33033

000056526560
06/27/05 01004 025 **450 00

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 **David Stapleton**

Date **5-12-05**

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
PSTD	David C. Stapleton	15440 Hayes Lane	Homestead FL 33033

REINSTATEMENT 03-05

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: **David Stapleton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-12-05**

Date

Daytime Phone # **305 242 0317**

Daytime Phone #

2 of 2

Matthew A. Connolly
Certified Public Accountant
10661 North Kendall Drive, Suite 201
Miami, Florida 33176
Phone: (305) 275-0208

May 9, 2005

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

Re: Cookie Cravings, Inc.
Document Number P02000018499

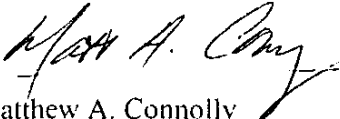
Dear Sir/Madam:

The purpose of this letter is to request a waiver of the reinstatement fees for the above-referenced corporation. The director of the corporation, David Stapleton, did not receive the annual Uniform Business Report notifying him to register his corporation annually. Please note the incorrect mailing address on the enclosed form.

Enclosed please find the reinstatement form and a check payable to the Department of State in the amount of \$450.00 representing the annual corporate filing fees for the years 2003, 2004 and 2005.

Thank you for your kind consideration to our request to waive the reinstatement fees for the corporation.

Sincerely,


Matthew A. Connolly

Enclosures