

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 28 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000044179**

1. Corporation Name

Sensational Pleasures, Inc.

2. Principal Office Address

2849 Bradley Court

Suite, Apt. #, etc.

City & State

New Port Richey

Zip

34655

Country

USA

3. Mailing Office Address

2849 Bradley Court

Suite, Apt. #, etc.

City & State

New Port Richey

Zip

34655

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/2002

5. FEI Number

01-0678272

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

03-04

7. Name and Address of Current Registered Agent

Name

James Andrew Betz

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

8408 Sunnydale Drive

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34667

REINSTATEMENT

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

12/27/04

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	James A Betz	8408 Sunnydale Drive Hudson, FL 34667	Hudson, FL 34667

200043681042
12/28/04--01055--001 **308.75

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

Date

Daytime Phone #

12/27/04 (720) 233 1108

2052

To Whom It May Concern:

I am writing this letter as requested by a member of your staff. I did not receive my notices to renew my company because our address was changed and for some reason your paperwork was not forwarded to me.

I would have not even noticed, but a creditor requested proof I was a company and when I logged online, I noticed I was dissolved.

Please update my records with the current info and send me the Certificate of Status so I will have it on file.

I hope to get the forms ontime next time.

Thanking you in advance for your time and consideration in this matter,



James Betz,
President