

ch# 160

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT 31 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 804000122891

1. Corporation Name

SUGARPLUMS AND FANCY INC

2. Principal Office Address - No P.O. Box #

1421 NE 34 CRT

Suite, Apt. #, etc.

3. Mailing Office Address

1421 NE 34 CRT

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL

City & State

OAKLAND PARK FL

Zip

33334

Country

USA

Zip

33334

Country

USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida

GCT -
2007

5. FEI Number

33-1099965

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

MARK DAVID

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

2100 NE 15 AVE

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33305

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Mark David

Date 10-30-07

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
Pres	David, Mark	2100 NE 15 AVE	Ft. Lauderdale FL 33305
			300111554449
			10/31/07--01047--008 **300.00

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 contained in Chapter 118, 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:

Mark David

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-30-07

Daytime Phone #

854

495-1591