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2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000010153	
1. Entity Name C. MIKE SWETT, INC.	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 10 PM 2:32

Principal Place of Business 10021 SW 112 STREET MIAMI, FL 33176 US	Mailing Address 10021 SW 112 STREET MIAMI, FL 33176 US
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2. Principal Place of Business - No P.O. Box # same	3. Mailing Address same
Suite, Apt. #, etc. ---	Suite, Apt. #, etc. ---
City & State Miami FL	City & State ---
Zip 33176	Country DADE



11052007 REIN-P CR2E098 (1/07)

4. FEI Number 65-0458471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANASH, CHARLES SR 10021 SW 112 ST MIAMI, FL 33176	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Charles E Manash DATE 12/6/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST MANASH, MICHAEL 11220 SW 108 CT MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200113157672 12/14/07--01045--001 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MANASH, CHARLES 10021 SW 112 STREET MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	B. 12/13/07 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: C E Manash <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 12/6/07 <small>Daytime Phone #</small>

12/6/07 P930000

Fla Dept of State
Div of Corps

re: P930000/0153
C. Miley, Sweet Inc

Dear Ms Ashton

Enclosed is the completed
reinstatement form. I am
also enclosing a check in the
amount of \$150⁰⁰. The reason
for the lapse is

1. unable to reach people
in a timely manner
- 1a did not receive annual report notice
- 2 delay of renewing forms
3. Please waive the reinstatement
fee.

Thank you
Chuck Monast

I can be reached on my cell
786-2944566