

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 28 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010153

1. Corporation Name

C. MIKE SWETT, INC.

Principal Place of Business

10021 SW 112 ST
MIAMI FL 33176
US

Mailing Address

10021 SW 112 ST
MIAMI FL 33176
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1993

5. FEI Number

65-0458471

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	MANASH, MICHAEL	10021 SW 112 ST 11220 SW 108 CT	MIAMI FL 33176

900011127149
01/28/03--01040--003 **300.00

8. Name and Address of Current Registered Agent

MANASH, CHARLES SR
10021 SW 112 ST
MIAMI FL 33176

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Manash
REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/21/03

11. 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 of Manash
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03

305
6625405

CR2040 (8/02)

1/21/03

Div of Corps
attn: Millegan

re: Doc #P9 30000 10153
C. Mike Sweet, Inc

Dear Miss Millegan

I have made the new
address changes. It appears
that the mail was not
received by my son Michael

I am enclosing a check in
the amt of \$300⁰⁰ for last
year & this year. If you have
any questions please call.

me at my office

305-662 5405

Thank you

Church Monash