

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 30 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018684

1. Corporation Name

SWEET SENSATIONS, INC.

Principal Place of Business

Mailing Address

845 E 23RD ST
PANAMA CITY FL 32405
US

845 E. 23RD ST
PANAMA CITY FL
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3228606

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | PITTS, JANET E | 4034 HOBBS LANE | PANAMA CITY FL 32409 |
| D | PITTS, WILLIAM B | 4034 HOBBS LANE | PANAMA CITY FL 32409 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

600002703776--5
-12/04/98-01104-020
****150.00 ****150.00

11/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PITTS, JANET A
845 E. 23RD ST.
PANAMA CITY FL

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.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-19-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-19-98
Date

850-
784-2003
Daytime Phone #

CR2E040 (9/98)

Steiner & Company

Certified Public Accountants

Phone (850) 784-0340
Fax (850) 784-4807

1714 West 23rd Street, Suite A
Panama City, Florida 32405

November 25, 1998

Ms. Karen Beyer
Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Corporation: Sweet Sensations, Inc.
 EIN: 59-3228606
 Document: P94000018684
 Form: Application for Reinstatement
 Year: 1998

Dear Ms Beyer:

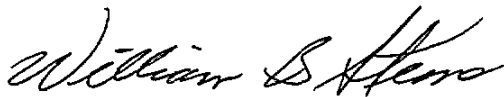
In follow up to our telephone conversation this morning, enclosed is the referenced form and the corporation's check in the amount of \$150.00.

The corporation has no record of receiving the renewal form. Therefore, we respectfully request that any penalties for the late filing and renewal be waived due to the corporation not have received proper notice.

We appreciate your assistance with this renewal.

If you have any questions, please advise.

Sincerely,



William B. Steiner
Certified Public Accountant