| APPLICATION | FOR Sandra B. Mortham | | | | FILED | |
|--|--|---|--|--|---|--|
| REINSTATEMENT | | | | 97 MAR 31 PH 4: 03 | | |
| DOCUMENT # P94000027686 | | | | | | |
| 1 Corporation Name SWEET EMOTION, INC. | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| | | | | | | |
| Principal Place of Business Mailing Address 2335 E. Atlantic Blvd., Ste. 300 Pompano Beach, FL 33062 | | | | REINSTATEMENT 96-91 | | |
| | | | | | | If above addresses are incorrect in any way, line through incorrect information and enter correction below. New Principal Office Address. If Applicable 3. New Mailing Office Address, If Applicable |
| Suite, Apt. #, etc. | t. #, etc. | - | | orated or Qualified ness in Florida <u>4/11/94</u> | | |
| City & State | | | | | 5803 Applied For Not Applicable | |
| Zip Country | Ζιρ | Zip Country | | 6. CERTIFICATE OF STATUS DESIRED X S8.75 Additional Fee required for a Certificate of Status | | |
| 7. Names and Street Addresses of Each Officer | | | | ······ | | |
| | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N | | City / State / Zrp | |
| ,D S.T. KAREN D. GARNER | | 2335 E. Atlantic Blv | | ð., | Pompano Beach, FL 33062 | |
| | | | | 4 | 000021312240 -04/02/9701060007 ***1088.75 ***1088.75 | |
| 8. Name and Address of Curi | ant Basistand | Acet | | 9 Nema and | Address of New Registered Agent | |
| Name TIN | | | | AQTHY L. BAILEY | | |
| 751 Cypress Lape #H (2335 E. At | | | | 0. Box Number is Not Acceptable) Llantic Blvd. | | |
| Pompano Beach, L 33064 Suite, Apt. | | | Suite, Apt. #, Etc. | pt. #, Etc. Ste. 300 | | |
| City Pompano B | | | | State Zip Code | | |
| 10 1, being appointen the registred agent of the Signature of Registered Agent | e aboye named co | | | | tion 607.0505, F.S. | |
| 11. Does this corporation pe Dept. of Revenue under | 1-1 | ngible tax to th 2. Florida Stat | ve utes. Yes[| XI No[| (See other side for information on intangible tax.) | |
| 12. I certify that I am an officer or director or the I this reinstatement application, the reason for | eceiver or trustee dissolution has be the names of ind | e empowered to execute sen eliminated, the corpu- ividuals listed on this for | this application as p orate name satisfies im do not quality for i | the requirements an exemption un | apter 607 or 617, F.S. I further certify that when filing a of section 607.0401 or 617.0401, F.S., that all feas der section 119.07(3)(1), F.S. The information indicated | |
| SIGNATURE: Kalen | O. Sa PRINTED NAME | Mey of signing officer or | KAREN D. | GARNER | 3/22/971-954-941-4920 Date Daylime Phone # | |