

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 30 AM 8:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000089382**

1. Corporation Name  
Sugar Foot, Inc.

Principal Place of Business Mailing Address  
3600 Ocean Beach Blvd. 105 Nautilus Dr.  
Apt. 11 Manahawkin, NJ 08050  
Cocoa Beach, FL 32931

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 Address, If Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

**REINSTATEMENT** 96-99  
4. Date Incorporated or Qualified To Do Business in Florida 12/9/94  
5. FEI Number 59-3288268 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
VP	Mark W. Acuff	3600 Ocean Beach Blvd. Apt. 11	Cocoa Beach, FL 32931

8. Name and Address of Current Registered Agent

Lance Kitson (deceased)  
3600 Ocean Beach Blvd.  
Apt. 11  
Cocoa Beach, FL 32931

9. Name and Address of New Registered Agent

Name Mark W. Acuff  
Street Address (P.O. Box Number is Not Acceptable) 3600 Ocean Beach Blvd.  
Suite, Apt. #, Etc. Apt. 11  
City Cocoa Beach State FL Zip Code 32931

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 Mark W. Acuff Date May 4<sup>th</sup> 1999  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.) **KE**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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 W. Acuff Mark W. Acuff May 4<sup>th</sup> 1999 407/799-1658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20040 (12/95)