PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

95-99AR

DOCUMENT # P95 00000 3216

FILED
99 APR 19 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
THE SWEETING GROUP, INC.

Principal Place of Business
2601 S. BAYSHORE DRIVE
STE #1225
COCONUT GROVE, FL 33133

Mailing Address

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
1-11-95

5. FEI Number
65-0551161
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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T	JERRY G. FLICK	2901 S. BAYSHORE DR APT 6-B	COCONUT GROVE, FL 33133
VP/S	JACQUELINE B. FLICK	2901 S. BAYSHORE DR. APT 6-B	COCONUT GROVE, FL 33133

500002853365--6
-04/27/99--01060--007
****300.00 ****300.00
4/19

8. Name and Address of Current Registered Agent
JERRY G. FLICK
2601 S. BAYSHORE DR.
STE 1225
COCONUT GROVE, FL 33133

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

CR2E040 (1-98)

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
REGISTERED AGENT MUST SIGN
Date 4-15-99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99
Date

(305) 859-8484
Daytime Phone #

(2)

The Sweeting Group, Ltd.

2601 South Bayshore Drive, Suite 1225
Coconut Grove, Florida 33133
(305) 859-8484 (305) 859-8489 FAX

April 15, 1999

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: Reinstatement Division

Regarding: The Sweeting Group, Inc.
Doc. #P95000003276

Gentlemen:

Pursuant to our telephone conversation last week, I am enclosing our Application for Reinstatement of the above captioned corporation, as well as our check in the amount of $300.00 representing the fees for the 1998 and 1999 Annual Reports.

If you will recall, I advised you last week that we had not obtained our 1998 Annual Report, since your records were never changed to reflect our current address. Because of this, your office dissolved our corporation on your records.

After completing the reinstatement process, please forward the other documents I have enclosed to Michelle Hodges so that she can finish the processing of the documents for the limited partnership, The Sweeting Group, Ltd.

Thank you for your immediate attention to this matter.

Sincerely,

Jerry Flick, President
The Sweeting Group, Inc. Its General Partner

JF:rab
Enclosures

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