

APPLICATION
FOR
REINSTATEMENT



DOCUMENT # **P95000032886**

BITTER-N-SWEET, INC.

Mailing Address
707 PINETREE DR
INDIAN HARBOR BEACH FL 32907

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

Country

04/24/1995

Not Applicable

CERTIFICATE OF STATUS DESIRED

**\$8.75! Additional Fee required
for a Certificate of Status**

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
1 D	2 SCHIERHOLTZ, LISA	3 1189 YACHT CLUB BLVD	4 INDIAN HARBOR BEACH FL 32937
			900002045959
			-01/03/97--01178--1
			***375.00 ***3
			JPB 31-96

900002045959--1
-01/03/97--01178--004
***375.00 ***375.00

BB731-96

Zip Code

Lisa J. Schickel, President
REGISTERED AGENT MUST SIGN

Date 12/27/96

(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:

Lisa J. Shultz, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/96 (407) 777-7513
Date Daytime Phone #

0017177