PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT-



FLORIDA DEPARTMENT OF STATE 🗩 Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

P96000046879 DOCUMENT

1. Corporation Name

SWEET J. SALES CORP.

Principal Place of Business

Mailing Address

27567 BIG BEND RD

27567 BIG BEND RD

FILED 03 OCT 31 PM 4: 37 TALLAHASSEE, FLORIDA

BONITA SPRINGS FL 34135 US			BONITA SPR US	BONITA SPRINGS FL 34135 US			REMOTATEMENT 03_			
		incorrect in any way, line								
New Principal Office Address, If Applicable New Mai				ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 05/28/1996				
Suite, Apt. #, etc. Suite, A			Suite, Apt. #	ite, Apt. #, etc.			r	 _	Applied For	
City & State			City & State			65-0678219 Not Applicable				
Zip Country		Zip	Cour	ountry 6.		ATE OF STATUS DESIRED G 58.75 Additional Fee required for a Certificate of Status				
7. Names	and Street Ad	dresses of Each Officer a	ind/or Director (Flo	orida nonprofit corpo	orations must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D	BERNHARDT, BARRE T			206 - 2ND ST.		BONITA SPRINGS FL 33923				
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	P. Now	- and Address of Cours	unt Domintored Am			O Name and	Addrson of New Periots	and Agent		
- 200 -	8. Nan HARDT, BAR 2ND ST. A SPRINGS	_> 213	nt Registered Ag		2756 Suite, Apt. #, Etc	P.O. Box Number	is Not Acceptable)	State Zip Coc	le /3 /	
10. I, bein	g appointed th	e registered agent of the	above named corp	oration, am familiar				7.0505, F.S.		

11. 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 of Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EGISTERED AGENT MUST SIGN

BARRE

235-633-0380

Daytime Phone #

enr Sins, I NEVER Reieved A My original reinstament Application This is the 2nd year this has hoppined. My sources is: 17567 Big Bund Bunita Sp F2 34134 Thork you

Bance BERNADE