

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000005928

1. Corporation Name

SWEET SAGE COFFEE COMPANY, INC.

Principal Place of Business

Mailing Address

16725 GULF BOULEVARD
N. REDINGTON BEACH FL 33708

16725 GULF BOULEVARD
N. REDINGTON BEACH FL 33708

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

5. FEI Number

59-3598867

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P | WILSON, BARBARA | 8644 140 WAY NO | SEMINOLE FL 33776 |
| VP | WILSON, BARBARA | 8644 140 WAY NO | SEMINOLE FL 33776 |
| S | CHEAURONT, BARBARA | 17316 83 PL NO | LOXAHATCHEE FL 33470 |
| T | WILSON, JAY | 13926 CRANBERRY CT | WELLINGTON FL 33414 |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WILSON, BARBARA E
16725 GULF BOULEVARD
N. REDINGTON BEACH FL 33708

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Barbara E Wilson

Date

10-15-01

REGISTERED AGENT MUST SIGN

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:

Barbara E Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727
10-15-01 391-0453

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 18 AM 8:51

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****150.00 ****150.00



CR2E040 (8/01)

10-15-01

Dept. of State of Florida
Secretary of State
Katharine Harris

I did not receive prior notice
to pay this.

Therefore I am sending you my
check for \$150. along with my premium.

Thank you

Barbara E. Wilson