

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008595870

10/25/02--01076--013 **150.00

DOCUMENT # P99000005928

1. Corporation Name

SWEET SAGE COFFEE COMPANY, INC.

Principal Place of Business

16725 GULF BOULEVARD
N. REDINGTON BEACH FL 33708

Mailing Address

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/15/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3598867

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	CHEAVRONT, BARBARA	17316 83 PL NO	LOXAHATCHEE FL 33470
T	WILSON, JAY Deceased Cheavront, Donald	13926 CRANBERRY CT 17316 83 pl. no	WELLINGTON FL 33414 Loxahatchee FL 33470

8. Name and Address of Current Registered Agent

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

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

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. or 617.0505, F.S.

Signature of
Registered Agent

Barbara Wilson **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 10-23-02

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 Wilson **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-23-02

CR2E040 (8/02)

Oct 23, 2002

Florida Dept of State,

I did not receive prior notice that this
was not active. I had called and was
told O.K.

I enc is my check for \$150.00. and
the change in my corp. officers.

Thank you
Barbara Wilson Pao