

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



REINSTATEMENT 03

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

City & State

City & State

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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	CHEAVRONT, DONALD	17316 83 PL NO	LOXAHATCHEE FL 33470

600023969216
10/21/03--01050--016 **150.00

10/16/03

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

Zip Code

FL

33776

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

Donald Cheavront
REGISTERED AGENT MUST SIGN

Date

10/16/03

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

10/16/03

Date

Daytime Phone #

CR2E040 (7/03)

Florida Dept. of State # P99000005928
Glenda Hood
Sec. of State

No prior notice was sent to me
for 2003 Report.

I have enclosed my check
for \$150.00

Thank you

Barbara Whitin