

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 PM 4:37

**DOCUMENT #** P99000010578

**1. Corporation Name** SWEET MASH CAFE INC

**2. Principal Office Address**

10442 NW 31 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

**3. Mailing Office Address**

10442 NW 31 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/03/1999

**5. FEI Number**

65-0900370

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT (00-01)

**7. Name and Address of Current Registered Agent**

Name

JAIME SEGOVIA

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

10442 NW 31 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/26/01

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	JAIME SEGOVIA	10442 NW 31 TERRACE	MIAMI, FLORIDA 33172
DST	MICHAEL FLETCHER	7901 NW 3 ST	PLANTATION, FLORIDA

**10. 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:**

JAIME SEGOVIA

04/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E001 (9/00)