

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 20 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **999000094104**

1. Corporation Name

Desserts Management Inc

WI-32758

300183191183
07/12/10--01053--008 **900.00

2. Principal Office Address - No P.O. Box #

10702 MAPLE Chase Dr

3. Mailing Office Address

10702 Maple Chase Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (6/10)

City & State

Boca Raton FL

City & State

Boca Raton FLA

Zip

33498

Country

USA

Zip

33498

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/99

5. FEI Number

65-0962975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lori Rosen

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

10702 MAPLE Chase Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33498

300183191183
07/20/10--01039--001 **150.00

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

Jim Rose

Date

7/6/10

REGISTERED AGENT MUST SIGN

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
(P) PRES	Lori Rosen	10702 MAPLE Chase Dr	Boca Raton FL 33498

REINSTATEMENT

RH

10. E-mail Address: **Samibran2@Aol.com**

(To be used for future annual report notification)

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, I further certify 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:

Jim Rose / PRES.

7/6/10

561-451-2358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #