

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

 **02 UPR**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 19 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097567

1. Corporation Name

YOUR SWEET DREAMS, INC.

Principal Place of Business

~~6909 S TAMiami TRAIL~~
~~SARASOTA FL 34231~~

Mailing Address

~~6909 S TAMiami TRAIL~~
~~SARASOTA FL 34231~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1108 92ND STREET NW

City & State
BRADENTON, FL

Zip
34209

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1108 92ND STREET NW

City & State
BRADENTON, FL

Zip
34209

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1999

5. FEI Number

65-0964933

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	WATTS, MICHAEL J	1108 92ND STREET NW	BRADENTON FL 34209
VP	WATTS, PAMELA	1108 92ND STREET NW	BRADENTON FL 34209

400009085134
11/19/02--01078--001 ***150.00

8. Name and Address of Current Registered Agent

WATTS, MICHAEL J
1108 92ND STREET NW
BRADENTON FL 34209

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

SIGNATURE REQUIRED

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 11-13-02

Daytime Phone #

CR20040 (8/02)

BEN COOPER & ASSOCIATES, INC.

Tax Preparation & Accounting Consultant

Ben Cooper, Enrolled Agent
30 Years Experience
P.O. Box 1177
Holmes Beach, FL 34218

3909 East Bay Drive, Suite 110
Holmes Beach, FL 34217

(941) 778-6118
FAX (941) 778-6230
email: b-cooper@mindspring.com

November 7, 2002

Florida Dept of State
Secretary of State Office
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

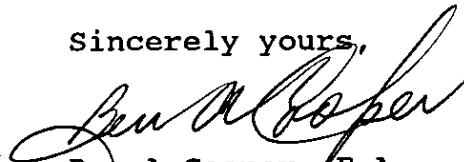
Ref: Your Sweet Dreams, Inc
Doc. # P99000097567

Gentlemen:

Enclosed you will find the completed and corrected form "Application for Reinstatement" for the year 2002. The original was never received and the taxpayer brought this form to me today.

We are enclosing a check for \$150.00 for the fee and ask that you waive the penalty based on the fact that the original was never received. The principal place of business in Sarasota FL has closed and this company is now using 1108 92nd Street NW Bradenton, FL 34209 as their principal place of business. Thanks for your help in resolving this matter.

Sincerely yours,



Ben A Cooper, E.A.
President

/bc

copy: Michael Watts