

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

1072

06 MAR -6 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

05-06 REC



03022006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0311164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLANOS, MARIA
11312 SW 203 TERR.
TERR 218
MIAMI, FL 33189

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	CASTELLANOS, MARIA	
STREET ADDRESS	11312 SW 203RD. TERR.	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA VEDURA	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/23/06 786-412110

2062

Miami, March 3, 2006

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: My Sweet Home, Inc.
DOC: V12477
EIN: 65-0311164

Gentlemen:

Pursuant to our telephone conversation, I am enclosing herewith a For Profit Corporation Reintatement form duly executed by me for the above captioned corporation.

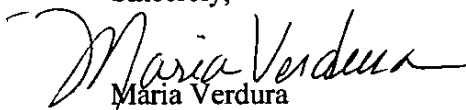
Please be advised that on June 30, 2005 I did send my check No. 4111 for \$ 150.00 along with an explanation indicating that I had not received the original notice to file, further I also failed to receive your Notice of Intent to Dissolve the corporation.

According to your instructions I am enclosing a check for \$ 300.00 to reinstate the above captioned corporation and to pay for the Annual Report Filing for the year 2006.

Please process the enclosed request for reinstatement at your earliest convenience.

Thank you for your attention and consideration to this matter.

Sincerely,


Maria Verdura
President

enclosure