

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001750

1. Corporation Name

Y-TOWN, INC.

Principal Place of Business

18911-18 SOUTH TAMiami TRAIL
FORT MYERS FL 33912

Mailing Address

C/O SAN CARLOS LIQUORS
18911-18 SOUTH TAMiami TRAIL
FORT MYERS FL 33912



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.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/06/2000

5. FEI Number

65-0972369

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
D	RUSSELL, DONALD E	15830 CATALPA COVE DRIVE	FORT MYERS FL 33908
D	HERRMANN, ROBERT J	15010 LAKESIDE VIEW DRIVE	FORT MYERS FL 33919

7000008757847

11/01/02--01058--004 **150.00

[Signature]

8. Name and Address of Current Registered Agent

RUSSELL, DONALD E
18911-18 SOUTH TAMiami TRAIL
FORT MYERS FL 33912

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] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-29-02

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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02 239-267-3033

Date

Daytime Phone #

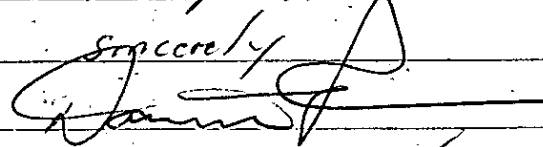
CR2E040 (8/02)

10-29-02

Dear Sirs or Madame

I received this document in the mail yesterday. I swear to you on my grandchildren that I did not receive a notice to renew earlier in the year. I certainly would have paid \$150. since I don't need this aggravation and you don't need the added paper work. I believe the reason for not getting this earlier was no one knows us as Y-Town Inc. we are dba San Carlos Liquors. I have altered our mailing address in hopes this will solve the problem.

Sincerely



Donald Russell

co-owner - V.P.



Jodi L. Adams
MY COMMISSION # CC969239 EXPIRES
September 20, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

Jodi L. Adams
Notary Public