

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUL '29 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD1000057678

1. Corporation Name

CORK & BOTTLE, INC.

2. Principal Office Address

1172 S. DIXIE HWY

Suite, Apt. #, etc.

494

City & State

CORAL GABLES FL

Zip

33146

Country

USA

3. Mailing Office Address

1172 S. DIXIE HWY

Suite, Apt. #, etc.

494

City & State

CORAL GABLES FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6-11-01

5. FEI Number

20-1393779

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

JORGE VELAZQUEZ

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

1172 SOUTH DIXIE HWY

Suite, Apt. #, Etc.

494

City

CORAL GABLES

State

FL

Zip Code

33146

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

Date

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/D	Jorge Velazquez	1172 S. DIXIE HWY #494	Coral Gables FL 33146

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

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CORK & BOTTLE INC  
1172 SOUTH DIXIE HIGHWAY UNIT 494  
CORAL GABLES, FL 33146

June 3, 2004

To: Florida Department of State  
Division of Corporations  
PO BOX 6327  
Tallahassee, Florida 32314

Re: Reinstatement Request/Annual Report

To Whom It May Concern:


We request that you consider reinstating our corporation and abating the penalty with your department based on reasonable cause.

Today, my accountant informed me that I had not paid or filed the annual report when due. It appears that it is was lost in transit. We never received the annual report for 2003, it was never delivered to our location.

Our company is currently not operating. Also, we are attaching our 2004 annual report with the payment of \$300, reflecting our most current information.

Finally, thank you for your attention to this matter and consideration to our request to reinstate our corporation to active status and abate any penalties due.

Sincerely,

  
Jorge Velázquez  
President