

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 PM 12:11

DOCUMENT # P01000076111

1. Corporation Name

LIVE OAK BEVERAGE BARN, INC.

Principal Place of Business

21385 126 PL
LIVE OAK FL 32060

Mailing Address

21385 126 PL
LIVE OAK FL 32060

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	EVANS, CHERYL	21385 126 PL	LIVE OAK FL 32060
D	EVANS, CLYDE S	21385 126 PL	LIVE OAK FL 32060 <i>Deleted</i>
D	DUDLEY, TERRY L	12255 133 RD	LIVE OAK FL 32060
D	DUDLEY, ETHEL	12255 133 RD	LIVE OAK FL 32060 <i>Deleted</i>

300009504903
12/13/02 01052 005 **158.75

8. Name and Address of Current Registered Agent

EVANS, CHERYL
21385 126 PL
LIVE OAK FL 32060

9. Name and Address of New Registered Agent

Name *Cheryl A. Evans*
Street Address (P.O. Box Number is Not Acceptable)
21385 126th PL
Suite, Apt. #, Etc.

City *LIVE OAK* State **FL** Zip Code *32060*

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

Cheryl A. Evans
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date *12-13-02*

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:

Cheryl A. Evans
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-320-2269
386-658-1624
12-13-02

CR2040 (802)

I Cheryl A. Evans w/Live Oak Beverage Bar
had not received the first or second notice
of reinstatement of my corporation. Could you
please wave the reinstatement fee at this time.

Sincerely
Cheryl A. Evans,
Pres & Owner of
Live Oak Beverage Bar Inc
Dec 13, 2002