

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P01000117305

1. Corporation Name

PURBECK HOLDINGS, INC.

Principal Place of Business

6240 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

Mailing Address

6240 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

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

12/10/2001

5. FEI Number

01-0567250

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
MRP	ALAN C. STILEMAN	11123 HYACINTH PLACE LAKEWOOD RANCH	SARASOTA FL 34202
MRV	ERIC A. HALL	11123 HYACINTH PLACE LAKEWOOD RANCH	SARASOTA FL 34202

8. Name and Address of Current Registered Agent

EDWIN L. FORD, P.A.
1605 MAIN STREET STE 612
SARASOTA FL 34236

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

REGISTERED AGENT MUST SIGN

Date

11/1/02

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 REQUIRED
ALAN C. STILEMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/02 941 358 1353

Daytime Phone #

CR2E040 (8/02)

THE COACH & HORSES BRITISH PUB & RESTAURANT.
(Purbeck Holdings Inc)
6240 North Lockwood Ridge Road,
Sarasota,
Florida 34234.

Division of Corporations,
Annual Report/Reinstatement Section,
P.O.Box 6327,
Tallahassee, FL 32314-6327

November 4 2002.

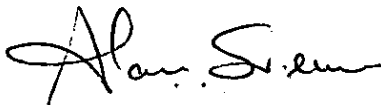
Dear Sirs,

Re: Document Number PO1000117305

Please find enclosed Notice of Administrative Dissolution or Revocation and the Application for Reinstatement duly completed and signed by both the current Registered Agent and the President of Purbeck Holdings Inc. Please also find fee check in the sum of \$ 150.00.

We were somewhat surprised to receive this document, we did not receive the original from yourselves. Perhaps you could enlighten us to it's whereabouts.

Sincerely yours,



Alan C. Stileman,
President Purbeck Holdings Inc.