


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000063233

1. Entity Name
SUMMERLIN-SANIBEL LIQUORS INC.



FILED
 07 MAY -3 AM 9:09
 OFFICE OF THE CLERK OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

15880 SUMMERLIN SUITE 114 FORT MYERS, FL 33908 15880 SUMMERLIN SUITE 114 FORT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

2035 SUMMERLIN RD **2035 SUMMERLIN RD**

Suite, Apt. #, etc. Suite, Apt. #, etc.

108 **108**

City & State City & State

FT MYERS FL **FT MYERS FL**

Zip Country Zip Country

33908 USA **33908 USA**



REINSTATEMENT 06-07

05/24/07 FEI # 30-0085122 Applied Fee Not Applicable

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

6. Name and Address of Current Registered Agent

DIANE E. MCGILL, P.A.
 13611 MCGREGOR BOULEVARD SUITE 3 FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name **MARK R SWEETLAND**

Street Address (P.O. Box Number is Not Acceptable) **15861 DORSET LN**

City **FT MYERS** FL Zip Code **33908**

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 *Mark R Sweetland* **MARK R SWEETLAND** DATE **5/1/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEAK, SCOTT 15880 SUMMERLIN #114 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD SWEETLAND, MARK 15880 SUMMERLIN #114 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MRS/11

200103190262
 05/24/07--01015--007 **900.00

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: *Mark R Sweetland* **MARK R SWEETLAND** DATE **5/1/07** DAYTIME PHONE # **839-489-0013**

Signature and typed or printed name of signing officer or director Date Daytime Phone #