


# 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**

4. FEI Number      Applied For

**30-0085122**      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      State      Zip Code

**FT MYERS FL 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)      DATE

**FILE NOW!!! FEE IS \$900.00**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #