


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000063233**

1. Entity Name  
**SUMMERLIN-SANIBEL LIQUORS INC.**




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

Principal Place of Business <b>15880 SUMMERLIN SUITE 114 FORT MYERS, FL 33908</b>	Mailing Address <b>15880 SUMMERLIN SUITE 114 FORT MYERS, FL 33908</b>
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2. Principal Place of Business - No P.O. Box # <b>20351 SUMMERLIN RD</b>	3. Mailing Address <b>20351 SUMMERLIN RD</b>
Suite, Apt. #, etc. <b>108</b>	Suite, Apt. #, etc. <b>108</b>

City & State <b>FT MYERS FL</b>	City & State <b>FT MYERS FL</b>
Zip <b>33908</b>	Zip <b>33908</b>
Country <b>USA</b>	Country <b>USA</b>



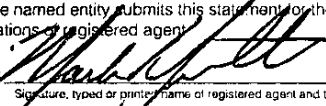
**REINSTATEMENT 06-07**

05/24/07 REE09 (7/07)

4. FEI Number <b>30-0085122</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DIANE E. MCGILL, P.A. 13611 MCGREGOR BOULEVARD SUITE 3 FORT MYERS, FL 33919</b>	7. Name and Address of New Registered Agent Name <b>MARK R SWEETLAND</b> Street Address (P.O. Box Number is Not Acceptable) <b>15861 DORSET LN</b> City <b>FT MYERS</b> FL Zip Code <b>33908</b>
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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.

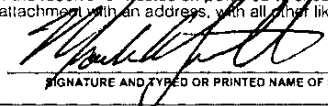
SIGNATURE:  **MARK R SWEETLAND** DATE: **5/1/07**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">PD <b>PEAK, SCOTT</b></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td><b>15880 SUMMERLIN #114</b></td> <td></td> </tr> <tr> <td><b>FORT MYERS, FL 33908</b></td> <td></td> </tr> </table>	PD <b>PEAK, SCOTT</b>	<input type="checkbox"/> Delete	<b>15880 SUMMERLIN #114</b>		<b>FORT MYERS, FL 33908</b>			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">VSTD <b>SWEETLAND, MARK</b></td> <td style="width: 50%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td><b>15880 SUMMERLIN #114</b></td> <td></td> </tr> <tr> <td><b>FORT MYERS, FL 33908</b></td> <td></td> </tr> </table>	VSTD <b>SWEETLAND, MARK</b>	<input type="checkbox"/> Delete	<b>15880 SUMMERLIN #114</b>		<b>FORT MYERS, FL 33908</b>			
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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** DATE: **5/1/07** DAYTIME PHONE #: **839-489-0013**

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