

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAY 11 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |  |
|---|--|
| <b>DOCUMENT # P02000063233</b><br>1. Entity Name<br><b>SUMMERLIN-SANIBEL LIQUORS INC.</b> |  |
|---|--|

|   |   |
|---|---|
| Principal Place of Business<br><b>20351 SUMMERLIN RD<br/>108<br/>FORT MYERS, FL 33908</b> | Mailing Address<br><b>20351 SUMMERLIN RD<br/>108<br/>FORT MYERS, FL 33908</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc | 3. Mailing Address<br><br>Suite, Apt. #, etc |
|--|--|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>30-0085122</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------|--------------|------------------------------------|--|

|     |         |     |         |   |
|-----|---------|-----|---------|---|
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|-----|---------|-----|---------|---|



05082009 REIN-P CR2E098 (1/07)

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>SWEETLAND, MARK R<br/>15861 DORSET LN<br/>FT MYERS, FL 33908</b> |
|---|

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> Zip Code |
|--|

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

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

800155775808  
05/11/09--01047--011 \*\*300.00

**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 info empowered.

SIGNATURE: *Mark Sweetland* **DIRECTOR**  
**MARK SWEETLAND** 5/8/09 239-931-9130  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #