

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED

09 MAY 11 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000063233 1. Entity Name SUMMERLIN-SANIBEL LIQUORS INC.	
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Principal Place of Business 20351 SUMMERLIN RD 108 FORT MYERS, FL 33908	Mailing Address 20351 SUMMERLIN RD 108 FORT MYERS, FL 33908
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc	3. Mailing Address Suite, Apt. #, etc
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City & State	City & State	4. FEI Number 30-0085122	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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05082009 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent SWEETLAND, MARK R 15861 DORSET LN FT MYERS, FL 33908

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME	PD PEAK, SCOTT	
STREET ADDRESS 15880 SUMMERLIN #114		
CITY-ST-ZIP FORT MYERS, FL 33908		
TITLE NAME	VSTD <i>JP</i> SWEETLAND, MARK	<input type="checkbox"/> Delete
STREET ADDRESS 15880 SUMMERLIN #114		
CITY-ST-ZIP FORT MYERS, FL 33908		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE 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 NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE 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: *[Signature]* **DIRECTOR**
MARK SWEETLAND 5/8/09 239-931-9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #