


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 NOV 18 AM 8:00

DOCUMENT # P02000070704

1. Corporation Name

COCKTAILS, INC.

Principal Place of Business

7650 COQUINA WAY, #3  
ST. PETE BEACH FL 33706

Mailing Address

7650 COQUINA WAY, #3  
ST. PETE BEACH FL 33706

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
677 75th Ave  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
677 75th Ave  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/26/2002

5. FEI Number

43 1966281

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State  
St. Pete Beach FL  
Zip  
33706  
Country  
USA

City & State  
St. Pete Beach FL  
Zip  
33706  
Country  
USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BARNES, TAMMY	7650 COQUINA WAY, #3 471 85th Ave	ST. PETE BEACH FL 33706
VSTD	BARNES, CRYSTAL	7650 COQUINA WAY, #3 460 82nd Ave	ST. PETE BEACH FL 33706

900024000439  
10/22/03--01011--013 \*\*175.00

8. Name and Address of Current Registered Agent

BARNES, TAMMY  
7650 COQUINA WAY, #3  
ST. PETE BEACH FL 33706

9. Name and Address of New Registered Agent

Name  
Tammy Barnes  
Street Address (P.O. Box Number is Not Acceptable)  
471 85th Ave  
Suite, Apt. #, Etc.  
City  
St Pete Beach  
State  
FL  
Zip Code  
33702

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10-10-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Tammy Barnes

10-16-03

Date

727-367-5536

Daytime Phone #

CR2E040 (7/03)

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To Whom It May Concern;

I never received correspondence dated March 4, 2003 asking me to make a change on the form.

Please accept the payment we already ~~see~~ submitted for being reinstated as a Corp.

Thank you,

Crystal Barnes