

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P02000095130**

1. Entity Name  
**DREWS HEALTH & RECREATION COMPLEX, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 15 AM 7:40

**REINSTATEMENT** 04-05

6/9/04 90002 018 8550.00



01132005 REIN-P CR2E098 (6/04)

Principal Place of Business  
**C/O KENNETH DREW  
909 EDMUND AVE  
DUNDEE, FL 33838**

Mailing Address  
**C/O KENNETH DREW  
909 EDMUND AVE  
DUNDEE, FL 33838**

2. Principal Place of Business  
**6955 CYPRESS GARDENS BLVD**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**WINTER HAVEN**

City & State

Zip  
**33884**

Country  
**POCK**

Zip

Country

4. FEI Number  
**APPLIED FOR 360110325**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DREW, KENNETH  
6955 CYPRESS GARDENS BLVD  
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** 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 Kenneth E Drew **4/11/05**  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DREW, KENNETH E 909 EDMUND AVE. DUNDEE, FL 33838</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPST DREW, RITA D 909 EDMUND AVE. DUNDEE, FL 33838</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600054214296 05/10/05--01059--009 **358.75</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth E Drew **4/11/05** **863-206-8865**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #