

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Drift-In of Manatee County, Inc.
P02000103579

300023654163
10/09/03--01004--011 **758.75

2. Principal Office Address

2709 Cortez Rd. W

3. Mailing Office Address

2709 Cortez Rd. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

Zip

34207

Country

US

Zip

34207

Country

US

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2002

5. FEI Number

30-0118631

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kathleen Constantine

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

1429 60th Ave. W., Suite 300

Suite, Apt. #, Etc.

300

City

Bradenton

State

FL

Zip Code

34207

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kathleen Constantine

REGISTERED AGENT MUST SIGN

Date 10/03/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Joseph T. Cuervo	3909 Highland Avenue Bradenton, FL 34205	Bradenton, FL 34205
D	Angela K. Cuervo	3909 Highland Avenue Bradenton, FL 34205	Bradenton, FL 34205

10. 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:

Joseph T. Cuervo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph T. Cuervo 10/3/03 941-7562852

Date

Daytime Phone #

CR2E081 (10/02)

7/10/7