

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 DEC 19 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000020202

1. Corporation Name

Whiskey River Enterprises, Inc

2. Principal Office Address

11301 US Hwy. 301 N.  
Suite, Apt. #, etc.

3. Mailing Office Address

3903 Eden Roc Cir.  
Suite, Apt. #, etc.

City & State

Thonotosassa, FL

Zip Country  
33592 US

City & State

Tampa, FL

Zip Country  
33634 US

4. Date Incorporated or Qualified  
To Do Business in Florida

2/19/03

5. FEI Number

55-0820188

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

Jeffrey Zwirn, Esq.

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

2102 W. Coss St.

Suite, Apt. #, Etc.

Ste 200

City

Tampa

State

FL

Zip Code

33606

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/15/05

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
P/D	Earl Thompson	5808 Liverpool Dr.	Tpa/FL/33624
VP/D	Scott Overbeck	3903 Eden Roc Cir	Tpa, FL/33634
T/D	David Mathison	3934 Venetian Dr.	Tpa/FL/33634

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/05

Date

(813) 880-7961

Daytime Phone #