

NOV. 26. 2007 5:50PM

BUSH ROSS P A

NO. 1787 P. 2/2

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 27 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000168199

1. Corporation Name

CORK&amp;OLIVE OF CLEARWATER, INC.

2. Principal Office Address - No P.O. Box #

12070 RACE TRACK RD.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

TAMPA, FLORIDA

City &amp; State

Zip  
33626Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/2004

5. FBI Number

Applied For

☒ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
JOHN N. GIORDANOStreet Address (P.O. Box Number is Not Acceptable)  
220 S. FRANKLIN ST.

Suite, Apt. #, Etc.

City  
TAMPAState  
FLZip Code  
33602☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 11/26/07

REGISTERED AGENT MUST SIGN

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	MICHAEL PROBST	12070 RACE TRACK RD.	TAMPA, FL 33626

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 contained in Chapter 119, 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

Date

11/26/07

Daytime Phone #

B. Mitchell NOV 27 2007

20f2

Florida Department of State  
Division of Corporations  
Public Access System

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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : BUSH ROSS, P.A.  
Account Number : I19990000150  
Phone : (813) 224-9255  
Fax Number : (813) 223-9620

*Brenda K. Holland - 9922.0*

**CORPORATION REINSTATEMENT**

**CORK & OLIVE OF CLEARWATER, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

→ should be  
\$450.00

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Corporate Filing Menu

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