

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 22 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162035935

10/22/09--01004--009 **158.75

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000123029

1. Corporation Name

SKEETER B'S, INC.

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

16520 S TAMiami TRAIL

3. Mailing Office Address

3951 KINGSDTON DR

Suite, Apt. #, etc.

SUITE 200 & 300

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

SARASOTA, FL

Zip

33908

Country

US

Zip

34238

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2007

5. FEI Number

26-1406653

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

JOHN J CULLEN, IV

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

3951 KINGSTON DR

Suite, Apt. #, Etc.

City

SARASOTA,

State

FL

Zip Code

34238

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/22/09

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
PD	JOHN J CULLEN, IV	3951 KINGSTON DR	SARASOTA, FL 34238
TD	JOHN J CULLEN	3951 KINGSTON DR	SARASOTA, FL 34238
D	DIANA C CULLEN	3951 KINGSTON DR	SARASOTA, FL 34238
VPD	DIEDRE C CULLEN	3951 KINGSTON DR	SARASOTA, FL 34238
D	KALANDRA M LEWIS	3951 KINGSTON DR	SARASOTA, FL 34238
D	CHRISTOPHER M LEWIS	3951 KINGSTON DR	SARASOTA, FL 34238

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

10/22/09

Daytime Phone #