PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P97000036831

FILED
97 JAN 10 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-01/15/97--01081--012
***1088.75 ***1088.75

1. Corporation Name

Whiskey Jacks, Inc.

DO NOT WRITE IN THIS SPACE

| Mailing Address | Principal Place of Business |
|---|---|
| 123 Tempsford Rd<br>Auburndale FL 33823 | 3760 Lk. Alfred Rd<br>Winter Haven FL 33880 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, if Applicable
123 Tempsford Rd
Suite, Apt. #, etc.
Auburndale FL
City & State
Zip 33823 Country US

3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
59-3281155
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| P/D | Mark F. Collier | 123 Tempsford Rd | Auburndale FL 33823 |
| V/D | David C. Roberts | 1525 Auburn Oaks Cir<br>~~123 Tempsford Rd~~ | Auburndale FL 33823 |
| T | Mark F Collier | 123 Tempsford Rd | Auburndale FL 33823 |
| S | David C Roberts | 1525 Auburn Oaks Cir | Auburndale FL 33823 |
| | | | |
| | | REINSTATEMENT 95.47 1/10/97 | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name David C. Roberts
Street Address (P.O. Box Number is Not Acceptable)
1525 Auburn Oaks Cir
Suite, Apt. #, Etc
City Auburndale State FL Zip Code 33823

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 1/10/97
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I understand that I am requesting the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further 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 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., and that all fees owed by the corporation have been paid. 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: _____ 1/10/97 941-298-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David C. Roberts