

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 MAR -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000090173**

1. Corporation Name

Enterprising Spirits, Inc.

**3190 Zacharias Drive
Orlando, FL 32837**

2. Principal Office Address

3. Mailing Office Address

3190 Zacharias Drive 3190 Zacharias Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32837

Country

orange

Zip

32837

Country

orange

REINSTATEMENT

SP

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-1997

5. FEI Number

59-3297585

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

Robin Tanya Watson

000003161410-0

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

3190 Zacharias Drive

03/08/00 01012-003

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32837

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

Robin T. Watson

REGISTERED AGENT MUST SIGN

Date **02-29-00**

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	Robin Tanya Watson	3190 Zacharias Drive	Orlando, FL 32837
VPT	Brian K. Watson	3190 Zacharias Drive	Orlando, FL 32837

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:

Robin Tanya Watson

Robin Tanya Watson 02-29-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(H) 407-8551487

CR2E081 (9/99)