

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034181

1. Corporation Name

THE CB SHACK II, INC.

Principal Place of Business

107 PEBBLES ROAD
INTERLACHEN FL 32148

Mailing Address

107 PEBBLES ROAD
INTERLACHEN FL 32148

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1999

5. FEI Number

59-3588586

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 3	City / State / Zip 4
PTD	BEMIS, RONALD P	107 PEBBLES ROAD	INTERLACHEN FL 32148
VSD	BEMIS, VALERIE J	107 PEBBLES ROAD	INTERLACHEN FL 32148

900024384239
11/03/03--01081--014 **150.00

8. Name and Address of Current Registered Agent

BEMIS, VALERIE J
107 PEBBLES ROAD
INTERLACHEN FL 32148

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Valerie J. Bemis
REGISTERED AGENT MUST SIGN

Date 10/22/03

11. 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:

Valerie J. Bemis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

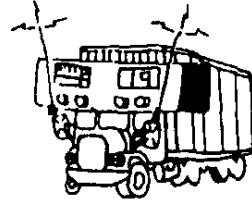
Date

10/23/03 (386) 684-3458
Daytime Phone #

CR2E040 (7/03)

THE C. B. SHACK, INC.

107 Peebles Road
Interlachen, Florida 32148
386-684-3458
STILTS, President



C. B. SALES & SERVICE

October 22, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

This is to inform you that during the past several months our circumstances have been chaotic and that I have not received the two prior notifications of the CB Shack's corporate registration renewal. We have recently become legal custodial guardian of three boys, aged two to six and my husband has had a heart attack necessitating open heart quadruple by-pass surgery, resulting in the need to delegate his business responsibilities to others.

Enclosed is a check for \$150.00.

Yours truly,

A handwritten signature in cursive script that reads "Valerie Bemis".

Valerie Bemis