

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000068421**

1- Corporation Name

CORKSCREW SHAREHOLDERS, INC.

Principal Place of Business

12734 KENWOOD LANE
STE 35
FT MEYERS FL 33907

Mailing Address

12734 KENWOOD LANE
STE 35
FT MEYERS FL 33907

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
01 NOV -5 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1999

5. FEI Number

NOT APPLICABLE

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
PT	CARROLL, JAMES	12734 KENWOOD LN. SUITE #35	FORT MYERS FL 33907
VPS	BECK, LOUIS S	8534 E. KEMPER R.	CINCINNATI OH 45249
VP	CARROLL, TODD	12734 KENWOOD LN. SUITE #35	FORT MYERS FL 33907
VP	YEAGGY, HARRY	8534 E. KEMPER RD.	CINCINNATI OH 45249
VP	GARVIN, JEFFERY R	2532 E. 1ST STREET	FORT MYERS FL 33901

8. Name and Address of Current Registered Agent

CARROL, JAMES
12734 KENWOOD LANE
STE 35
FT MEYERS FL 33907

9. Name and Address of New Registered Agent

Name
Louis S. Beck
Street Address (P.O. Box Number is Not Acceptable)
2300 Corporate Blvd NW
Suite, Apt. #, Etc.
Executive Court II, Suite 232
City
Boca Raton State
FL Zip Code
33431

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

[Signature]

Date **10/30/01**

REGISTERED AGENT MUST SIGN

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:

[Signature]

Louis S. Beck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/01

Daytime Phone #
561-997-2325

R. VARNADORE NOV 28 2001

CR2040 (8/01)