

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -7 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P990000075329

1. Corporation Name

CORNWELL TREATS, INC.

2. Principal Office Address

38016 JOURNEY LANE

Suite, Apt. #, etc.

City & State

LADY LAKE, FL

Zip

32159

Country

US

3. Mailing Office Address

P.O. BOX 489

Suite, Apt. #, etc.

City & State

LADY LAKE, FL

Zip

32158

Country

US

HA

2001-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

8-24-99

5. FEI Number

59-3594790

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. E. TAYLOR, ESQ.

700005183187-6

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

1029 W. MAGNOLIA STREET

04/02/02 01051 005

****300.00 ****300.00

Suite, Apt. #, Etc.

City

LEESBURG

State
FL

Zip Code
34748

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

L. E. Taylor

REGISTERED AGENT MUST SIGN

Date 3-1-02

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/D	NANCY L. CORNWELL	38016 JOURNEY LANE LADY LAKE, FL 32159	
S/T/D	FRANK L. CORNWELL	38016 JOURNEY LANE LADY LAKE, FL 32159	

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:

Nancy L. Cornwell

3-1-02

352-750-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)