

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FILED
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 OCT 22 PM 5:26

DOCUMENT # **F66862**
 1. Corporation Name
THE LOADING ZONE, INC.

Principal Place of Business Mailing Address
6708 W. FLAMINGO WAY SOUTH SOUTH PASADENA FL 33707 **6990 SEMINOLE BLVD SEMINOLE FL 33772 US**



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

2. New Principal Office Address, If Applicable **6990 SEMINOLE BLVD**
 Suite, Apt. #, etc.
 City & State **SEMINOLE FL**
 Zip **33772** Country

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

4. Date Incorporated or Qualified To Do Business in Florida **02/11/1982**

5. FEI Number **59-2268703**
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	MLOTKOWSKI, EDDIE M	7448 17TH LANE, N.E.	ST. PETERSBURG FL 33702

000004669810--6
 -11/06/01--01089--016
 ****158.75 ****158.75

8. Name and Address of Current Registered Agent
MLOTKOWSKI, BERNETTA
6708 W. FLAMINGO AVE.
SOUTH PASADENA FL 33707

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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 *Bernetta Mlotkowski* Date _____
 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]* Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2040 (8/01)



Boulevard Grille
BOOMERZ
AND SPORTS BAR®



Boomerz 6990 Seminole Blvd., Seminole, FL 33772 727-391-7066
Extra Inning 1850 Central Ave., St. Petersburg, FL 33712 727-896-9872
Boulevard Grille 6990 Seminole Blvd., Seminole, FL 33772 727-391-9622
Fax 727-391-9622

October 18, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern:

RE: Reinstatement
FE No. 59-2268703

We are asking for consideration for the reinstatement fee as we have no recollection of receiving forms prior to the one for being late.

You will also not that we have always paid on time.

Sincerely,

Loading Zone Inc.

Bernetta Mlotkowski
Registered Agent

Enc: Check and Application