

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

98 APR 15 AM 11:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PA5 000069419**

1. Corporation Name
Hurt Enterprises, Inc.
DBA Pitcher House Lounge

(Signature)

Principal Place of Business
101 Candace Drive
Maitland, FL 32751

Mailing Address
101 Candace Drive
Maitland, FL 32751

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/31/95	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3336389	
Country		Country		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PST	Lawrence J. Hurt	101 Candace Drive	Maitland, FL 32751
			100002494651--8
			-04/21/98 -01021-019
			***1050.00 ***1050.00

REINSTATEMENT 98-98
A. Alan
 4/15/98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Lawrence J. Hurt	
		Street Address (P.O. Box Number is Not Acceptable) 101 Candace Drive	
		Suite, Apt. #, Etc.	
		City Maitland	
		State FL	
		Zip Code 32751	

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: *Lawrence J. Hurt*
 Date: _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Lawrence J. Hurt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4-6-98**
 Daytime Phone #: **(407) 834-6300**

CORP-204 (7-98)