

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

**00 NOV -9 PM 6: 11**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000090617**

1. Corporation Name

**OLDE TIMERS SPORTS PUB INC.**

Principal Place of Business

Mailing Address

12951 METRO PKWY  
UNIT 4  
FORT MYERS FL 33912  
US

1937 GRACE AVE  
FORT MYERS FL 33901

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

10/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0787350

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VOLLMER, WILLIAM A	6634 WILLOW LAKE CIR	FORT MYERS FL 33919
TS	HISSAM, DON L	2516 MCGREGOR BLVD	FORT MYERS FL 33901
			300003493303-3 -12/11/00--01035--025 ***550.00 ***550.00
			300003493303-A2 -12/11/00--01035--025 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HISSAM, DON L  
1937 GRACE AVE  
FORT MYERS FL 33901

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.

Signature of Registered Agent

*Don L Hissam*

Date **NOV 6, 2000**

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:

*Don L Hissam* DON L HISSAM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 6, 2000  
Date

941-939-0661  
Daytime Phone #

CR2E040 (8/00)