

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 344605

1. Corporation Name

TOWN TAVERN, INC.

Principal Place of Business

512 NORTH FEDERAL HWY.
P. O. BOX 333
BOYNTON BEACH FL 33435
US

Mailing Address

601 NEW BRUNSWICK AVENUE
P. O. BOX 333
RAHWAY NJ 07065-0333

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/15/1969

5. FEI Number

59-1258580

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CHECHE, PETER	601 NEW BRUNSWICK AVENUE	RAHWAY NJ

700008868237

11/07/02--01053--023 **750.00

700008868237

11/07/02--01053--024 **8.75

8. Name and Address of Current Registered Agent

CHECHE, PETER V SR
PINE RIDGE SOUTH CONDOMINIUMS
PINE HAVEN CIRCLE, BLDG. 203, APT. D-2
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

PETER V. CHECHE, SR.

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

512 NORTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33435

CR2ED40 (802)

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. or 617.0505, F.S.

Signature of
Registered Agent

Peter V. Cheche **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

OCT. 30, 2002

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:

Peter V. Cheche **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER V. CHECHE, SR.

10/30/02

Date

(732) 388-3540

Daytime Phone #