

**CORPORATION  
REINSTATEMENT**



## DIVISION OF CORPORATIONS

W07002039050

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 1. Corporation Name

ARTIE'S SPORTSMENS LOUNGE, INC.

2218 N Federal Highway  
Hollywood, Florida 33020

**2. Principal Office Address**  
**2218 N Federal Highway**

Suite, Apt. #, etc.

**3. Mailing Office Address**  
Hollywood, Florida 33020

Suite, Apt. #, etc.

City & State  
Hollywood; Florida

City & State  
Hollywood, Florida

Zip  
33020

Country  
USA

Zip  
33020

Country  
USA

**4. Date Incorporated or Qualified To Do Business in Florida** **June 24, 1971**

**5. FEI Number**  
**59-1354288**

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**Alan B. Cohn, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
2021 Tyler Street

Suite, Apt. #, Etc.

City  
Hollywood

State  
**FL**

Zip Code  
33020

**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

Date **September 29, 2004**

REGISTERED AGENT MUST SIGN

**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
PD	Arthur J. Tramer	2218 N Federal Highway	Hollywood, Florida 33020
TD	Gloria V. Tramer	2218 N Federal Highway	Hollywood, Florida 33020
			<div data-bbox="1000 1629 1416 1684"> <div>100041879271</div> <div>10/14/04--01027--022 **2985.00</div> </div>
			<div data-bbox="1000 1688 1416 1743"> <div>100041879271</div> <div>11/01/04--01074--021 **177.50</div> </div>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/04

Date \_\_\_\_\_

954-927-7176

Daytime Phone #

CR2E081 (01/04)