

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 384739

1. Corporation Name

The Oyster Bar of Pensacola, Inc.

Principal Place of Business

709 N. Navy Blvd.
Pensacola, FL 32507

Mailing Address

P. O. Box 4816
Pensacola, FL 32507

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

6/29/71

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1364613

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	Gordon B. Linkenhoker	709 Navy Blvd.	Pensacola, FL 32507
S	Charlotte Linkenhoker	709 Navy Blvd.	Pensacola, FL 32507

3000003195753-10
-04/04/00 01031-010
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gordon B. Linkenhoker
709 Navy Blvd.
Pensacola, FL 32507

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

Gordon B. Linkenhoker

REGISTERED AGENT MUST SIGN

Date 3/15/00

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.)

KE

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:

Gordon B. Linkenhoker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00

Date

850.455.3925

Daytime Phone #