

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

98 DEC 17 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 490286

1. Corporation Name

MIKE'S LOUNGE & PACKAGE, INC.

Principal Place of Business

12491 OLD CRYSTAL RIVER RD.
BROOKSVILLE, FL 34601

Mailing Address

12491 OLD CRYSTAL RIVER RD.
BROOKSVILLE, FL 34601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
4427 NW 36th STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3770 PINETREE DRIVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1975

5. FEI Number

59-1266637

Applied For

Not Applicable

City & State

MIAMI, FLORIDA

City & State

ST. JAMES CITY, FLORIDA

Zip

33166

Country

USA

Zip

33956

Country

USA

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. Titles	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
PD	MCCUNE, MICHAEL	3770 PINETREE DRIVE	ST. JAMES CITY, FL 33956

8. Name and Address of Current Registered Agent

MCCUNE, MICHAEL
12491 OLD CRYSTAL RIVER ROAD
BROOKSVILLE, FLORIDA 34601

9. Name and Address of New Registered Agent

Name
MCCUNE, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
3770 PINETREE DRIVE
Suite, Apt. #, Etc.

City
ST. JAMES CITY

State
FL

Zip Code
33956

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

Michael McCune
REGISTERED AGENT MUST SIGN

Date 12/14/98

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.

MICHAEL MCCUNE, PRESIDENT

SIGNATURE:

Michael McCune
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/98
Date

(305) 888-7876
Daytime Phone #