

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 494240

**1. Corporation Name**

STONEY'S LOUNGE + PACKAGE LIQUOR STORE, INC.  
1305 S. 22ND ST  
TAMPA, FL 33605

**2. Principal Office Address**

1305 S 22ND ST.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33605

Country

US

**3. Mailing Office Address**

1305 S 22ND ST

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33605

Country

US

REINSTATEMENT 02-23

800025724538

12/23/03--01025--011 \*\*300.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/28/76

**5. FEI Number**

59-1654011

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

JOAN SWETLAND

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

1305 S. 22ND ST

Suite, Apt. #, Etc.

City

TAMPA, FL

State

FL

Zip Code

33605

**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

Joan Swetland

REGISTERED AGENT MUST SIGN

Date 12/16/03

**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
P.D.	JOAN SWETLAND	18104 HAVENWOODS RD	BROOKSVILLE, FL 34610
S.T.	ROBERT SWETLAND	18104 HAVENWOODS RD	BROOKSVILLE, FL 34610

**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:

Robert Swetland

ROBERT SWETLAND

Date

12/16/03

Daytime Phone #

8132489285

CR2ED81 (10/02)