

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -6 PM 1:30

DOCUMENT # F 69771

1. Corporation Name

DENNING'S LOUNGE, INC.

2. Principal Office Address

13609 N FLORIDA AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33613

Country

USA

3. Mailing Office Address

13609 N FLORIDA AVE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33613

Country

USA

REINSTATEMENT 96-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/82

5. FEI-Number

59-2191252

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

DAVID DENNING

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

13609 N FLORIDA AVE

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33613

200003995782-2
-04/12/01 -01106-024
***1500.00 ***1500.00

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 4/2/01

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	DAVID DENNING	13609 N FLORIDA AVE	TAMPA FL 33613

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

Date

Daytime Phone #

4/2/01

CR2E081 (9/00)