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
99 MAR -5 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H00372

1. Corporation Name

THE GALLEY RESTAURANT AND LOUNGE, INC.

Principal Place of Business	Mailing Address
509 3RD ST., S. NAPLES FL 33940	509 3RD ST., S. NAPLES FL 33940

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/20/1984

5. FEI Number: 59-2397447 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WETHERELL, GERALD	2164 SANTA BARBARA BLVD	NAPLES FL 34116
VP	WETHERELL, ALICE	2164 SANTA BARBARA BLVD	NAPLES FL 34116

600002806746--4
-03/15/99--01137--029
****750.00 ****750.00

REINSTATEMENT 98-99

TB 3/9/99

8. Name and Address of Current Registered Agent

WETHERELL, GERALD
2164 SANTA BARBARA BLVD
NAPLES FL 34116

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
600002806746--4
Suite, Apt. #, Etc
-03/15/99--01137--030
****150.00 ****150.00
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: Gerald Wetherell
REGISTERED AGENT MUST SIGN
Date: 2-11-99

11. This corporation owes or has paid the intangible Personal Property tax due Jun ent year
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 in 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: Gerald Wetherell GERALD WETHERELL 02-11-99 5173467465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607(0401 AF