

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **H54346**

1. Corporation Name

BULLDOG LOUNGE & PACKAGE, INC.

Principal Place of Business

608 E. SCENIC HWY.
FROSTPROOF FL 33843

Mailing Address

19 BRUCE AVENUE
FROSTPROOF FL 33843

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

Suite, Apt. #, etc.

City & State

Zip, Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least one officer)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box)
1	2	3
PD	COX, NADINE G	19 BRUCE AVE.

8. Name and Address of Current Registered Agent

HIGGINBOTTOM, DAVID B
101 EAST WALL ST.
FROSTPROOF FL 33843

Name

Street Address

Suite, Apt. #, etc.

City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the duties of a registered agent.

Signature of Registered Agent

David B. Higginbottom
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of law, the debts and obligations owed by the corporation have been paid and the names of individuals listed on this form do not qualify for reinstatement, the information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Nadine Cox* *Nadine Cox*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

97 DEC 15 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		05/15/1985
5. FEI Number 59-2553510		Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

400002375434-0
-12/17/97-01093-018
***750.00 ***750.00

8. Name and Address of Current Registered Agent **9. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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**

David B. Higginbottom
REGISTERED AGENT MUST SIGN

Date _____

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.

SIGNATURE: Nadine Cox Nadine Cox pres. 12/11/97 (941) 636-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #