

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 NOV 25 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J03337

1. Corporation Name

SONNY'S ON THE LAKE, INC.

Principal Place of Business

201 FISHERMAN'S WHARF
FORT PIERCE FL 34950

Mailing Address

201 FISHERMAN'S WHARF
FORT PIERCE FL 34950



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

2. New Principal Office Address, if Applicable

1050 EASTER LILY LANE
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

1050 EASTER LILY LANE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

03/11/1986

5. FEI Number

16-1060068

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)

1 Title(s)	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
P	ZODA, SANTO J.	1050 EASTER LILY LANE 201 FISHERMAN'S WHARF	VERO BEACH, FL, 32963 FORT PIERCE FL
VS	ZODA, RITA	1050 EASTER LILY LANE % 201 FISHERMAN'S WHARF	VERO BEACH, FL, 32963 FORT PIERCE FL
			200002706182--7 -12/08/98-01057-003 *****8.75 *****8.75

REINSTATEMENT

98
42 12-1-98

8. Name and Address of Current Registered Agent

BECHT, EDWARD W.
321 S 2ND ST
FORT PIERCE FL 34950

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200002706182--7

-12/08/98-01057-004

*****750.00 *****750.00

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

Edward W. Becht

REGISTERED AGENT MUST SIGN

Date

11/23/98

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.

SIGNATURE:

Santa J. Zoda Pres. REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/98
Date

561-231-4728
Daytime Phone #

CR20040 (9/98)