

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JAN 31 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 512235

1. Corporation Name

FLORIDA NIGHT LIFE INC.

2. Principal Office Address

5624 SATEL DR.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

Zip

32810

Country

ORANGE

3. Mailing Office Address

5624 SATEL DRIVE  
ORLANDO FL.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

Zip

32810

Country

ORANGE

**REINSTATEMENT**

12/1/06 01056 015 \$1750.00  
CR2E081 (12/05)  
W06000052558

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-2946704

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

RICHARD W. KRAUSE

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

5624 SATEL DRIVE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32810

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

Richard W. Krause

REGISTERED AGENT MUST SIGN

Date 11/27/06

**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
PRES	Richard W. Krause	5624 SateL Dr.	Orlando Fl. 32810
ALL	Richard W. Krause	5624 SateL Dr.	Orlando Fl. 32810
VICE	Richard W. Krause	5624 SateL Dr.	Orlando Fl. 32810
SECT.	Richard W. Krause	5624 SateL Dr.	Orlando Fl. 32810
TREA	Richard W. Krause	5624 SateL Dr.	Orlando, Fl 32810

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 contained in Chapter 119, 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: Richard W. Krause / RICHARD W. KRAUSE

Date

Daytime Phone #

11/29/06

Dear Cula

This letter is Refer to our  
Conversation Dated Jan. 29<sup>th</sup> 2007.

1. This is to inform you, that  
I have moved since 2002 and did not  
receive a notice of Renewing  
my Cap. Known as Florida  
Night Lifeline. Here is a check \$ 480  
for 150.00 to cover fees for 2007  
and to remind you that the State  
of Florida is holding a check from me  
in the amount of 750.00 for Cap. fees.

Thank you  
Richard Deane