

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

\$750.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 PM 12:11

DOCUMENT # J50168

1. Corporation Name

TALLY HO LOUNGE, INC.

Principal Place of Business

7402 N 56 ST
#902
TAMPA FL 33617
US

Mailing Address

C/O ALBERT L. SUMMERTON
10215 4TH ST E
TREASURE ISLAND FL 33706-3111
US

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



REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/10/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2711458

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 | 2 | 3 | 4 |
|----------|-----------------------------------|---|---|
| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
| VD | SUMMERTON, RUTH ANN | 10215 4TH ST E. | TREASURE ISLAND FL |
| PD | SUMMERTON, ALBERT L. | 10215 4TH ST E. | TREASURE ISLAND FL |
| ST | SUMMERTON, LORIE | 10215 4TH ST. E. | TREASURE ISLAND FL |
| | | | 700002948717--3 -03/03/99--01037--007 ****150.00 ****150.00 |
| | | | 700002948717--3 -03/03/99--01037--008 ****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

SUMMERTON, ALBERT L.
10215 4TH ST E.
TREASURE ISLAND FL 33706

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

A. Summerton

REGISTERED AGENT MUST SIGN

Date

6-8-99

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:

A. Summerton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-99

Date

727-360-7893

Daytime Phone #

CR2E040 (9/98)