

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J88546

1. Corporation Name

BARNACLE PHIL'S HARBOR RESTAURANT, INC.

Principal Place of Business

4401 PT HOUSE TRAIL, UPPER CAPTIVA ISL
P O BOX 579
PINELAND FL 33945

Mailing Address

2583 FIRST ST
FY MYERS FL 33901
US

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

08/30/99 90009 023 \$550

4. Date Incorporated or Qualified To Do Business in Florida

08/12/1987

5. FEI Number

59-2832004

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DURHAM, NANCY KINSEY	6113 FORREST VILLAS COURT	FT MYERS FL 500003070385--9
T	POWELL, EVA K	2583 FIRST ST	FT MYERS FL 12/15/99--01011--004 ***200.00 ***200.00
D	DURHAM, NANCY K.	6113 FORREST VILLAS CT.	FT. MYERS FL
D	POWELL, EVA K.	2583 FIRST ST.	FT. MYERS FL
S	KINSEY, PHILIP	8583 FIRST STREET	FORT MYERS FL
REINSTATEMENT			

8. Name and Address of Current Registered Agent

FINGER, MARY KINSEY
1220 VESPER DRIVE
FT. MYERS FL 33901

9. Name and Address of New Registered Agent

Name EVA K. POWELL
Street Address (P.O. Box Number is Not Acceptable)
15696 BROMELIAD DR
Suite, Apt. #, Etc.
City BOKERLIA
State FL Zip Code 33922

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

Eva K Powell
REGISTERED AGENT MUST SIGN

Date 10/26/99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eva K Powell

10/26/99

Date

Daytime Phone #

550.00

08/30/99 90009 023

CR2040 (8/99)