

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

15 DEC 10 PM 4:45

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **1K35863**

1. Corporation Name

SALOON SERVICES INC.

2. Principal Office Address - No P.O. Box #

618 N. TENNESSEE ST

3. Mailing Office Address

618 N. TENNESSEE ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL.

City & State

TALLAHASSEE FL.

Zip

32304

Country

USA

Zip

32304

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/3/88

5. FEI Number

59 2907263

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

JAMES R. SMITH

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

5265 PIMLICO DR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32309

100279948201
12/11/15--01002--009 **\$900.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/10/15

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
SEC	JAMES R. SMITH	5265 PIMLICO DR	TALLAHASSEE
PRES	"	"	"
			S. HAWKES
			DEL 10 A.M.
			EXAMINER

REINSTATEMENT
2014-2015

10. E-mail Address: **POOR PAULS PAIR HOUSE @gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/15

Date

Daytime Phone #