

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

2001 UBR

FILED

01 NOV 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L40571

1. Corporation Name

S & S PUBS AND TAVERNS, INC.

Principal Place of Business

Mailing Address

2730 S. DIXIE HWY
218 DATURA ST
WEST PALM BEACH FL 33411
US

~~2730 S. DIXIE HWY.~~
~~218 DATURA ST~~
~~WEST PALM BEACH FL 33411~~
~~US~~

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

571 Riverside Drive

Suite, Apt. #, etc.

P.B. Gardens, FL

Suite, Apt. #, etc.

City & State

City & State

33410

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1990

5. FEI Number

65-0159376

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SULLIVAN, THOMAS J.	1673 FEATHER TR	WEST PALM BEACH FL
			300004719913--5
			-12/12/01--01012--007
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WELCH, EDWARD D.
218 DATURA ST
WEST PALM BEACH FL 33401

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

Date

REGISTERED AGENT MUST SIGN

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

11/12/01

Date

Daytime Phone #

CR2E040 (8/01)

202

To whom it may concern,

This letter is in reference to the notice of reinstatement received on 11/14/01. This was my first notice received. In making my address had changed, my new address is as follows:

571 Riverside Drive
Palm Beach Gardens, FL 33410

Please note we have been in business for 13 years and have been in very good standing. We apologize for any inconvenience. Enclosed is a check for \$150.00 please send receipt of payment.

Thank you kindly,

Thomas Sullivan