

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 19 PM 1:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L 90585**

1. Corporation Name

**OUT OF BOUNDS PACKAGE & LOUNGE,
INC.**

2. Principal Office Address

3. Mailing Office Address

1624 N. DALE MADRY

1624 N. DALE MADRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL.

City & State

LUTZ, FL.

Zip

33549

Country

PASCO

Zip

33549

Country

PASCO

REINSTATEMENT

0910

4. Date Incorporated or Qualified

To Do Business in Florida

8-2-90

5. FEI Number

59-3023202

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

WILLIAM A. WAGNER

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

24248 PAINTER DR.

Suite, Apt. #, Etc.

City

LAND O LAKES

State

FL

Zip Code

34639

100003283431 - 8

-06/09/00 -01092 -019

*****900.00 ***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

William A. Wagner

REGISTERED AGENT MUST SIGN

Date **5-16-00**

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
P	JOSEPH IZZO	5329 MONTEGO CIRCLE	FT. PIERCE, FL. 34949
V	WILLIAM WAGNER	24248 PAINTER DR.	LAND O LAKES, FL. 34639
D	MARY TOTTEN	3651 CORSAIR COURT	NEW PORT RICHEY, FL.

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 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: **William A. Wagner** **WILLIAM A. WAGNER** **5-16-00** **813-949-6330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)