PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 16 AM 9: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91999

1. Corporation Name

Pop-A-Top Lounge of Niceville, Inc.

60000952014 6
12/16/02--01036--017 **1500.00

REINSTATEMENT 97-02

2. Principal Office Address

1017 John Sims Pkwy

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip	Country
32578	USA

3. Mailing Office Address

1017 John Sims Pkwy

Suite, Apt. #, etc.

City & State

Niceville, FL

Zip	Country
32578	USA

4. Date Incorporated or Qualified To Do Business in Florida   7/26/1990

5. FEI Number   592096483   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   Howard Douglas Hayes

Street Address (P.O. Box Number is Not Acceptable)   1017 John Sims Pkwy

Suite, Apt. #, Etc.

City	State	Zip Code
Niceville	FL	32578

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   _Howard Douglas Hayes_
REGISTERED AGENT MUST SIGN
Date   11/15/02

CR2EG81 (9/01)

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	Howard Douglas Hayes	1017 John Sims Pkwy	Niceville, FL 32578
V	Gaynell Powell	1111 Coral Dr.	Niceville, FL 32578
S	Samuel Carothers	384 Andrew Dr.	Valpariso, FL 32542

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: _Howard Douglas Hayes_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date   12/15/02   Daytime Phone #   904-698-2352