

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB 13 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M89350

1. Corporation Name

Nassau Bowling Center, Inc.

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

850822 Highway 17 South Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1033 Suite, Apt. #, etc.

City & State

Yulee, FL

City & State

Yulee, FL

Zip

32097

Country

US

Zip

32041-1033

Country

US

4. Date incorporated or Qualified To Do Business in Florida

7/13/1988

5. FEI Number

592900415

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 Jeffrey Tomassetti Esq.

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

406 Ash Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

1/21/09

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
Pst	Doyle W. Claxton	P.O. Box 1033	Yulee, FL 32041-1033

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/09

Date

904-225-0004

Daytime Phone #

2/12