

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 28 PH 4:00

DOCUMENT # P00000035738

1. Corporation Name

BACKROOM BAR, INC.

Principal Place of Business

Mailing Address

11401-64TH TERRACE NORTH  
SEMINOLE FL 33772

11401-64TH TERRACE NORTH  
SEMINOLE FL 33772



REINSTATEMENT

01-02

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

4. Date Incorporated or Qualified  
To Do Business in Florida

04/04/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3647184

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	BECKWITH, DAVID L	11401 - 64TH TERRACE NORTH	SEMINOLE FL 33772

400005192844--4

-04/04/02--01064--028

\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MYERS, ROBERT J  
1135 PASADENA AVE SOUTH STE 140  
ST. PETERSBURG FL 33707

Name

DAVID BECKWITH

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

5304 66th St N

Suite, Apt. #, Etc.

City

St Pete

State

FL

Zip Code

33709

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

David L Beckwith

REGISTERED AGENT MUST SIGN

Date

3/22/02

AD

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:

David L Beckwith

DAVID L Beckwith

Date

Daytime Phone #

(727)-549-9041

CR2E040 (8/01)