

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 20 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000039402

1. Corporation Name

SLACKER'S LOUNGE INC

2. Principal Office Address

2513 NORTH DIXIE HIGHWAY

3. Mailing Office Address

2513 NORTH DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip

33460

Country

USA

Zip

33460

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 04/19/2000

5. FEI Number

65-1001292

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-04

7. Name and Address of Current Registered Agent

Name

JOHN F SROKA

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

2513 NORTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

City

LAKE WORTH

State
FL

Zip Code
33460

100029324151

02/24/04 01061 014 **500.00

100029324151

02/24/04 01061 015 **500.00

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

John F Sroka

REGISTERED AGENT MUST SIGN

Date

2-16-04

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
PRES	JOHN F SROKA	2513 NORTH DIXIE HIGHWAY	LAKE WORTH, FL 33460

100029324151

02/24/04 01061 016 **200.00

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:

John F Sroka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-16-04 561 540 3800

Daytime Phone #

CP2E081 (01/04)