

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 10:53

DOCUMENT # P00000046202

1. Corporation Name

LIMLEY'S PUB INC

REINSTATEMENT 03-04

2. Principal Office Address

1492 4th St North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg

City & State

Zip

33704

Country

Pinellas

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. -FEI Number

59-364-2036

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

Lorehace, William K esq

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

401 LINCOLN AVE.

Suite, Apt. #, Etc.

City

Clearwater

State
FL

Zip Code

33756

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 K Lorehace

REGISTERED AGENT MUST SIGN

Date

3/1/04

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
President	Brian Winstanley	1492 4th St North	St Petersburg 33704

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:

Brian Winstanley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/04

Daytime Phone #

To Whom It may Concern I Brian Winstanley
OF LIMEYS PUB
1492 4th St N
St Petersburg FL
33704

DID Not receive 2003 COOP Notice
And Not receive 2nd Notice and would
ask that you Waiver the Late Fees.

Thank you
Brian Winstanley

3/15/04