

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 AUG 21 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000067179

1. Corporation Name

LEE'S BAR, INC.

Principal Place of Business

640 S.E. 1ST STREET
MELROSE FL 32666

Mailing Address

640 S.E. 1ST STREET
MELROSE FL 32666

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/2000

5. FEI Number

59-3663695

Applied For

Not Applicable

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
DIRECTOR PRES.	BEVERLY A. SHEA	640 SE 1 st Street	MELROSE, FL 32666
			100008050191--8 -09/26/02--01038--010 *****900.00 *****900.00
			100008050191--8 -09/26/02--01038--011 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

SHEA, BEVERLY A
640 S.E. 1ST STREET
MELROSE FL 32666

9. Name and Address of New Registered Agent

Name
BEVERLY A. SHEA
Street Address (P.O. Box Number is Not Acceptable)
640 SE 1st STREET
Suite, Apt. #, Etc.
City
MELROSE
State
FL
Zip Code
32666

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

REGISTERED AGENT MUST SIGN

Date

8/10/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEVERLY A. SHEA

Date

8/10/02

Daytime Phone #

352-316-5949