

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

01 OCT -5 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P000 000 78978

1. Corporation Name

K. L Sports Bar, Inc.

2. Principal Office Address

169 SE miracle Strip Pkwy

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

3. Mailing Office Address

169 SE miracle Strip Pkwy

Suite, Apt. #, etc.

City & State

Fort Walton Beach, FL

Zip

32548

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

~~5/3/00~~ 8/15/00

5. FEI Number

593665918

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

~~XXXXXXXXXXXX~~ John Kelly

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

~~XXXXXXXXXXXX~~ 169 SE miracle St. Pkwy

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

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 P. Kelly*  
REGISTERED AGENT MUST SIGN

Date 10/04/01

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
D	John Kelly	611 Center St.	Fort Walton Bch. FL 32549
Pres	John Kelly	Same	Same
V.P.	John Kelly	same	same

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 P. Kelly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/01 863-9639  
Date Daytime Phone #

CR2001 (9/00)