

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 21 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000079638

1. Corporation Name

Fatty + Skinnys worldly tavern inc.

2. Principal Office Address

658 W Tennessee St.

Suite, Apt. #, etc.

3. Mailing Office Address

658 W Tennessee St.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

Leon

City & State

Tallahassee FL

Zip

32304

Country

Leon

4. Date Incorporated or Qualified
To Do Business in Florida

Aug 2000

5. FEI Number

82-055143

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

Aaron Pahmeier

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

631 E. Call St. # 921

Suite, Apt. #, Etc.

921

City

Tallahassee

State

FL

Zip Code

32304

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

Aaron Pahmeier

REGISTERED AGENT MUST SIGN

Date 12-22-04

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	Aaron Pahmeier	631 E. Call St.	Tallahassee FL 32304

300043590113
12/22/04-01066-023 **150.00

12/21

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:

Aaron Pahmeier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/22/04

Date

577-9297

Daytime Phone #

CR2E081 (01/04)

I Did not receive notice
to cancel corp.

Sorry for your trouble

PO00000079638

Aaron Palmer