

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 106

CORPORATION



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

FILED

02 JUN 19 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/03/02--01054--032

****300.00 ****300.00

DOCUMENT # P000000 85580

1. Corporation Name

VALENTINES Nightclub INC.

2. Principal Office Address

8302 N Packwood Ave

3. Mailing Office Address

8302 N Packwood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

Country

33604

USA

Zip

Country

33604

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/2000

5. FEI Number

59-3684581

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

Christopher Chagnon

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

8302 N Packwood Ave

Suite, Apt. #, Etc.

Tampa

FL

33604

City

State
FL

Zip Code

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

[Signature]

Date 6/17/02

REGISTERED AGENT MUST SIGN

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	Chris Chagnon	8302 N Packwood Ave	Tampa FL 33604

01-02482 178

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

6/17/02 813601-6189

Daytime Phone #

CR2E081 (9/01)

I NEVER RECEIVED ORIGINAL REPORT. ^{Page 202}

Thanks

Chel