PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION" **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1 0000001	DOCUMENT #	P00000087657
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1. Corporation Name

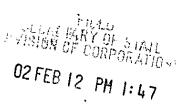
U.S.A. SPORTS BAR AND GRILL, INC.

Principal Place of Business

Mailing Address

4655 HWY 90 E ·

4655 HWY 90 E



MARIANNA FL 32446 MARIANNA F		MARIANNA FL 32446		1 (1881) 1981 1981			
	addresses are incorrect in any way, line the	rough incorrect information and enter	correction below.	EINST	atement	01-07	
		3. New Mailing Office Address, It	ing Office Address, If Applicable 4 Da		Date Incorporated or Qualified To Do Business in Florida 09/15/2000		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. FEI Number		3	
City & Stat	e	City& State Clearwater,	Ha,	59-3	3673953	Applied For Not Applicable	
Zíp	Country	2ip 3376 7 Count	USD-		OF STATUS DESIRED 😂	3.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Florida nonprofit corpor	ations must list at lea	st 3 directors)			
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
DP D/VP	TAYLOR, NANCY	4655 HWY 90 E	:		MARIANNA FL 32446		
DV	TAYLOR, GRADY	4655 HWY 90 E			MARIÁNNA FL 32446		
₩ 0/s/T	EVERETT, FRANCES B		<i> 88 D</i> e		MARIANNA FL 32446	Clearunder	
β Β Θ / P	EVERETT, HENRY A	4655 HWY-90 E	-188 Du	m D	MARIANNA FL 32446 Glarmada,	Jen.	
1					,	33767	
						Alzlin	
8. Name and Address of Current Registered Agent				9. Name and Address of New Registered Agent			
TAYLOR, NANCY .			Name FRance > B. EveRe TT - Street Address (P.O. Box Number is Not Acceptable)				
4655 HWY 90 E			188 Devon DRIVE				
MAHIA	NNA FL 32446		Suite, Apt. #, Etc.		·	· ~	
		· • • • • • • • • • • • • • • • • • • •	O earu	afer	State FL		
10 Lheina	appointed the registered agent of the abo	ve named compretion, am familiar w	ith and account the ob-	ligations of Castio	- 607 0505 E C	i	

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 filling 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 of ... Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN