

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000116992

1. Corporation Name

F.J.R. SALOON, INC.

Principal Place of Business

Mailing Address

2528 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305

2528 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

5. FEI Number

65-1063001

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	TYRRELL, JOHN P	211 S.W. 2ND STREET	FORT LAUDERDALE FL 33301
VD	MANIS, FRANK	211 S.W. 2ND STREET	FORT LAUDERDALE FL 33301
STD	HARRISON, RICHARD	211 S.W. 2ND STREET	FORT LAUDERDALE FL 33301

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MANIS, FRANK
211 S.W. 2ND STREET
FORT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10/12 (561) 212-3063

CR20040 (8/01)

252

10/12/01

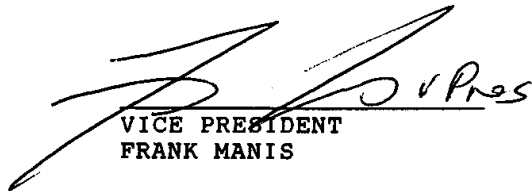
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
POST OFFICE BOX 6327
TALLAHASSEE, FL. 32314

F.J.R. SALOON INC.
211 S.W. 2 ND. STREET
FORT LAUDERDALE, FL. 33301

RE: REINSTATEMENT

Dear Department,

I am sending this letter to inform you that my mailing address on this form is incorrect. Also that I received no other notices other than this one. I feel that there is an error because I know that I sent my payment at the time it was due.


VICE PRESIDENT
FRANK MANIS