

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # 9-01000010782

1. Corporation Name

Voodoo Restaurant and Lounge, Inc.

2. Principal Office Address

112 South Main Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 938

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Gainesville, FL

Zip

32601

Country

USA

Zip

32602-0938

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1/29/2001

5. FEI Number

59-3709329

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

Steven Schlachta

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

1735 NW 44th Avenue

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

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

REGISTERED AGENT MUST SIGN

Date 11/17/2003

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	Steven Schlachta	1735 NW 44th Avenue	Gainesville, FL 32605
D	Gregory Giordano	112 South Main Street	Gainesville, FL 32601

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:

Steven Schlachta

11/17/2003 352-258-2046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #