

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064706

1. Corporation Name

BRATTTTS BINGO INC.

Principal Place of Business

1269 NW 40TH AVE
LAUDERHILL FL 33313

Mailing Address

1269 NW 40TH AVE
LAUDERHILL FL 33313

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2001

5. FEI Number

65-1116255

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FONTAINE, JOHN	2201 NE 44TH ST	LIGHTHOUSE PT FL 33064
D	FONTAINE, GALE	2201 NE 44TH ST	LIGHTHOUSE PT FL 33064

8. Name and Address of Current Registered Agent

SIEGEL, ANDREW L
1269 NW 40TH AVE
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

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
JOHN FONTAINE

Date

Daytime Phone #

954-583-4330

CR2E040 (8/02)

BRATTTS BINGO, INC.
T/A LAUDERHILL CAFÉ
1269 NW 40TH AVENUE
LAUDERHILL, FLORIDA 33313
954-583-4330
FAX- 954-583-2235

-OCTOBER-24, 2002

FLORIDA DEPT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT DEPT.
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: 2002 UNIFORM BUSINESS REPORT
FEI #65-1116255

TO WHOM IT MAY CONCERN;

WE HAVE JUST RECEIVED NOTIFICATION OF DISSOLUTION FOR OUR CORPORATION,
REFERENCED ABOVE.

AS YOU CAN SEE FROM THE DATE OF INCORPORATION, WE ARE FAIRLY NEW AND WERE
NOT AWARE THAT THIS HAD TO BE RENEWED YEARLY.

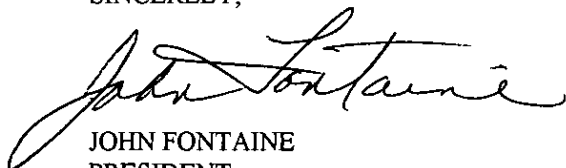
I DO NOT KNOW WHAT HAPPENED TO THE ORIGINAL REPORT THAT WAS DUE IN MAY.
I HAVE QUESTIONED EVERYONE IN OUR CLERICAL OFFICE ABOUT IT AND NO ONE
CLAIMS TO HAVE SEEN IT. IT IS NOT COMMONPLACE FOR US NOT TO PAY OUR BILLS OR
COMPLY WITH REGULATIONS. WE JUST DID NOT RECEIVE THE ORIGINAL REPORT.

I AM ENCLOSING HERewith A CHECK IN THE AMOUNT OF \$150.00 WHICH WOULD HAVE
BEEN PAID PRIOR TO MAY 1ST IF WE WERE AWARE OF THE RESPONSIBILITY. WE CAN
ASSURE YOU THIS WILL NEVER HAPPEN AGAIN.

IN VIEW OF THE CIRCUMSTANCES WE HOPE YOU WILL ACCEPT THIS PAYMENT AND
REINSTATE OUR CORPORATION.

THANK YOU.

SINCERELY,


JOHN FONTAINE
PRESIDENT