PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 24 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000040227**

1. Corporation Name

HOG PEN SALOON CORPORATION

Principal Place of Business	Mailing Address
2913 SPANIEL LANE SEFFNER FL 33584	2913 SPANIEL LANE SEFFNER FL 33584

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

REINSTATEMENT 03

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: 04/12/2002

5. FEI Number: 52-236-8893 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LOFLEY, ROBERT G JR	4020 MCLANE DR	TAMPA FL 33610
SD	LOFLEY, DONNA L	2913 SPANIEL LANE	SEFFNER FL 33584

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117047O3--01054--011 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LOFLEY, DONNA L 2913 SPANIEL LANE SEFFNER FL 33584	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (7/03)

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: Donna L. Lofley — Date: 10/29/03
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: Robert G. Lofley Jr. Robert G. Lofley Jr. 10/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nov. 19, 2003

To Whom it may Concern,

I did not receive a notice in the mail about the corporation oweing a once a year Fee. I called the 800 number they said to write a letter telling them I did not get a notice in the mail & they would reduce the Fine Send them a check For a $150.00 Dollors, I did this the check was cashed and the said there was no letter & they Fined me. I called Nov. 18, 2003 Again The lady said write another letter Explaining I never recieved the notice in the mail and would reduce the Fine to a $150.00 dollors. The check number I sent your office is #1496 Dated Oct. 30, 03 Document #020000040227

Thank You

Donna Sapp