

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000042806

1. Corporation Name

WILD BILL'S SALOON AND TAVERN, INC.

Principal Place of Business

1746 TALLEYRAND AVENUE
JACKSONVILLE FL 32206

Mailing Address

1746 TALLEYRAND AVENUE
JACKSONVILLE FL 32206

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

04/12/2002

5. FEI Number

☒ 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	ROMERO, WILLIAM V	1746 TALLEYRAND AVENUE	JACKSONVILLE FL 32206

200024335532
10/31/03--01068--022 **158.75

8. Name and Address of Current Registered Agent

EGAN, JAMES J
1746 TALLEYRAND AVENUE
JACKSONVILLE FL 32206

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

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.

904-355-4552

SIGNATURE: William V. Romero WILLIAM V. ROMERO 10-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WILD BILL SALOON & TAVERN INC.
1746 TALLEYRAND AVE.
JACKSONVILLE, FL 32206
Phone: (904) 355-4552

TO FLORIDA DEPT OF STATE,
THIS LETTER IS TO INFORME
YOU THAT I DID NOT RECEIUE
THE 2 UBR REPORTS FOR 2003

THANK YOU

~~DIRECTOR~~

WILLIAM V. ROMERO

William V. Romero