

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000067896

1. Corporation Name

Wahoo's Waterside
Pub and Patio Inc.
W08-44919

2. Principal Office Address - No P.O. Box #

17801 Gulf Blvd.

Suite, Apt. #, etc.

City & State

Redington Shores, FL

Zip

33708

Country

Pineles

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3687216

☐ 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

CONSTANCE E. LAWSON

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

2634 CEDAR VIEW CT

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Constance E. Lawson (Acct)

REGISTERED AGENT MUST SIGN

Date Sept 25, 2008

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
Pres.	<u>Shan W. Lawson</u>	<u>2634 Cedar View Ct</u>	<u>Clearwater FL 33761</u>
V.P.	<u>JAMES R LAWSON</u>	<u>15309 1st St E</u>	<u>MADIERA FL 33708</u>

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 contained in Chapter 119, 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:

Shan Lawson Shan Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-23-08

Date

Daytime Phone #

(727) 343-5525

(727) 723-9085

FILED

08 OCT -8 PM 4:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500136744325
10/08/08--01026--015 **900.00

REINSTATEMENT
CR2E081 (12/07)

03-08

10/8/08