


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000046056		
1. Entity Name FINISH LINE SALOON INC.		

Principal Place of Business 5402 US HWY. 92 E PLANT CITY, FL 33565	Mailing Address 4806 GALLAGHER RD. PLANT CITY, FL 33565-3686
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2008 JUN -5 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05082008 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEYERS, DELFRED R 101 FAMINGO DR, STE C APOLL BEACH, FL 33572		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Delfred R Beyers DATE 5/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLOCKER, SYLVIA 4806 GALLAGHER ROAD PLANT CITY, FL 33565 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Blocker Date 5/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR