

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 31 PM 3:38

DOCUMENT # P03000112788

1. Corporation Name

**RICHIE'S LOUNGE, INC.**

2. Principal Office Address

1701 N. 25th Street

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

Zip

34950

Country

U.S.A.

3. Mailing Office Address

1701 N 25th Street

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

Zip

34950

Country

U.S.A.

**REINSTATEMENT 04-05**

4. Date Incorporated or Qualified  
To Do Business in Florida

October 13, 2003

5. FEI Number

27-0082265

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

**RICHARD WILLIAMS**

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

**706 N. 29th Street**

Suite, Apt. #, Etc.

City

**Fort Pierce**

State  
**FL**

Zip Code  
**34947**

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

*Richard Williams*  
**Richard Williams**

Date **March 29, 2005**

REGISTERED AGENT MUST SIGN

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.	Richard Williams	706 N. 29th Street	Ft. Pierce, FL 34947
			800050603408 04/13/05--01004--024 **150.00
			800050603408 04/13/05--01004--025 **150.00

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 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:

*Richard Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD WILLIAMS**

3/29/05  
Date

772-466-8723  
Daytime Phone #

CR2E081 (01/05)