

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000104448

1. Entity Name
ONE-EYED JACK'S SALOON OF DAYTONA BEACH, INC.



FILED

2005 OCT 24 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
150-A SOUTH PALMETTO AVE
DAYTONA BEACH, FL 32114

Mailing Address
150-A SOUTH PALMETTO AVE
DAYTONA BEACH, FL 32114



2. Principal Place of Business

3. Mailing Address

10172005 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, CHRISTY F
150-A SOUTH PALMETTO AVE
DAYTONA BEACH, FL 32114

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

Christy F. Harris

Christy F. Harris

10/17/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME GOLD, PETER
STREET ADDRESS 1304 MAIN STREET
CITY-ST-ZIP STURGIS, SD 57785

TITLE ☐ Change ☐ Addition
NAME **president**
STREET ADDRESS **200060897082**
CITY-ST-ZIP **10/24/05--01056--010 **750.00**

TITLE D ☐ Delete
NAME GOLD, RAYMOND
STREET ADDRESS 1304 MAIN STREET
CITY-ST-ZIP STURGIS, SD 57785

TITLE ☐ Change ☐ Addition
NAME **VP**
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOLD, STEPHEN
STREET ADDRESS 1304 MAIN STREET
CITY-ST-ZIP STURGIS, SD 57785

TITLE ☐ Change ☐ Addition
NAME **Sec/Treas**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen J. Gold Corporate Secretary

Date

Daytime Phone #

10/17/05