

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 30 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO4000128700

1. Corporation Name

ALL STATE SPORTS BAR, INC.

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

1508 S. STATE RD. 7

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood, FLA.

City & State

Zip

Country

33023

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650404124

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name

BOCA, MAXIMO

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

1508 STATE RD 7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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

MAXIMO S BOCA

Date

07-28-10

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
Dir	BOCA, MAXIMO	7300 RAMON A ST	MIRAMAR, FL 33023

REINSTATEMENT

RA

10. E-mail Address: TRUESTARLIGHT@AOL.COM

(To be used for future annual report notification)

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. I further certify, 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:

MAXIMO S BOCA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-28-10

Daytime Phone #

954-303-9944
954-793-6014