

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000001105

1. Corporation Name

Corner Bar & Grill, Inc.

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

4901 South US Highway 1

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Zip

34982

Country

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1/4/2005

5. FEI Number

20-2142002

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
Donna Young

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

5601 Birch

Suite, Apt. #, Etc.

City
Fort Pierce

State
FL

Zip Code
34982

☒ 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

Donna M. Young
REGISTERED AGENT MUST SIGN

Date **10-3-07**

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
S	Donna Young	5601 Birch	Fort Pierce, FL 34982

400110745854
10/12/07--01071--012 **300.00

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 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:

Donna Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-07

Date

772-519-2303

Daytime Phone #

2/2

October 2nd, 2007

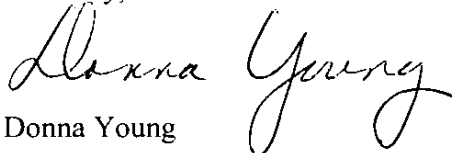
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Corner Bar & Grill, Inc.
20-2142002
Document Number: P05000001105

Dear Sir or Madam:

Enclosed you will find a copy of my Corporate Reinstatement form for Corner Bar & Grill, Inc. I am the Sole owner of the Corner Bar & Grill, Inc. To my knowledge I have never received any forms from the state concerning my annual report. I was unaware that I had missed this mailing, as I never received the forms. I have no desire to avoid this fee; I simply did not receive the form to file. I was opening a new account for my corporation with the state Alcohol Beverage and Tobacco Division when they pointed this out to me and I have addressed it as quickly as I could. I would request in light of the fact that I never received my forms that you abate my penalties and accept my check in the amount of \$300.00 for the 2006 & 2007 reports. I can assure you that this event will not re-occur. I thank you in advance for your cooperation.

Sincerely,


Donna Young