

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000157315

1. Entity Name  
MARDI GRAS ARCADE, INC.



FILED

08 FEB 18 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8425 S. US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

Mailing Address  
8425 S. US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

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

02112008

REIN-P

CR2E098 (1/07)

4. FEI Number  
20-5796683

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANNON, MIKE E  
8425 S. US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE P,VP ☐ Delete  
NAME CANNON, MIKE E  
STREET ADDRESS 8425 S. US HIGHWAY 1  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE S,TR ☐ Delete  
NAME CANNON, MIKE E  
STREET ADDRESS 8425 S. US HIGHWAY 1  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE D ☐ Delete  
NAME CANNON, MIKE E  
STREET ADDRESS 8425 S. US HIGHWAY 1  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE D ☐ Delete  
NAME CANNON, MIKE E  
STREET ADDRESS 8425 S. US HIGHWAY 1  
CITY-ST-ZIP PORT ST. LUCIE, FL 34952

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

☐ Change ☐ Addition  
100118264261  
02/18/08--01045--018 \*\*900.00

☐ Change ☐ Addition  
RH

☐ Change ☐ Addition  
REINSTATEMENT

☐ Change ☐ Addition  
1-08

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Date

(772) 626-8871

Daytime Phone #

**The Law Office of  
JOSEPH D. GROSSO, JR., P.A.  
Attorney at Law**

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Tel: (772) 220-3496

614 SE Central Parkway  
Stuart, Florida 34994

Fax: (772) 220-2744

February 15, 2008

***VIA U.S. MAIL***

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE:    Matter:            2008 For Profit Corporation Reinstatement  
      Document No.:      P05000157315  
      Entity Name:        Mardi Gras Arcade, Inc.

To Whom It May Concern:

Enclosed please find the completed application for corporate reinstatement of the above-captioned entity along with our trust account check no. 14647 in the amount of \$900 which represents the filing fee. Please file this application as soon as possible.

If you have any questions or concerns regarding the enclosed, please do not hesitate to contact our office.

Sincerely,



Kisti M. Ornellas  
Legal Assistant

Enclosure

CC:    John Madden, Esq.