

2009 FOR PROFIT CORPORATION REINSTATEMENT



FILED

09 JUN -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P07000013889					
1. Entity Name TACK TAVERN, INC.					
Principal Place of Business 5 HANDICAPPER LN OCALA, FL 34482 US			Mailing Address 5 HANDICAPPER LN OCALA, FL 34482 US		
2. Principal Place of Business - No P.O. Box # 2611 AVONDALE CT		3. Mailing Address 2611 AVONDALE CT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PANAMA CITY FL		City & State PANAMA CITY FL		4. FEI Number 20-8346213	
Zip 32404		Country USA		Applied For Not Applicable	
Zip 32404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, JENNIFER 5 HANDICAPPER LN OCALA, FL 34482			7. Name and Address of New Registered Agent Name JEWIFER KOEHLER Street Address (P.O. Box Number is Not Acceptable) 2611 AVONDALE CT City PANAMA CITY FL Zip Code 32404		
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 <i>Jennifer Koehler</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE 5/28/09	
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KOEHLER, JENNIFER 5 HANDICAPPER LN OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JEWIFER KOEHLER 2611 AVONDALE CT PANAMA CITY, FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOEHLER, JENNIFER 5 HANDICAPPER LN OCALA, FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNIFER KOEHLER 2611 AVONDALE CT PANAMA CITY FL 32404	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600156682656 06/02/09--01030--016 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Jennifer Koehler</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 5/28/09	
				Daytime Phone # 850.832.9809	

6/4/09