

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -7 PM 3:56

DOCUMENT # P07000072309

1. Corporation Name

The Brass Pail Bar and Restaurant, Inc.

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

3534 Adrian Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2791 58 St. N.

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

St. Petersburg, FL

Zip

33774

Country

USA

Zip

33710

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/07

5. FEI Number

42-1744457

☒ 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

Christopher L. Corsi

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

2791 58 St. N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

☐ 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

Christopher L. Corsi

REGISTERED AGENT MUST SIGN

Date

2/4/07

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
P	Christopher L. Corsi	2791 58 St. N.	St. Petersburg, FL 33710
			200118436772 02/20/08--01019--002 **150.00

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:

Christopher L. Corsi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/07

Date

727-902-0908

Daytime Phone #