

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD80000641073

1. Corporation Name

Hide Out Bar INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1004 New York Ave	1017 Indian Ave

Suite, Apt. #, etc.	Suite, Apt #, etc.
N/A	N/A

City & State	City & State
St Cloud Fla	St Cloud Fl

Zip	Country	Zip	Country
32769	Osceola	32769	Osceola

7. Name and Address of Current Registered Agent

Name Donna Ward

Street Address (P.O. Box Number is Not Acceptable)
1017 INDIANA Ave
Suite, Apt #, Etc.

City	State	Zip Code
Atlanta	GA	30308

STCLOUD FL 32169

4. Date Incorporated or Qualified
To Do Business in Florida
April 23, 2008

5 FET Number	Applied For
262512495	Not Applicable

6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional fee required for a Certificate of Status
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200258935692
04/11/14--01026--022 **1050.00

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 Ward Date April 6, 2014
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
Principal			

print	Donna Ward	1017 INDIANA Ave	St Cloud Fla 32769
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				2012-2011
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APR 14 2014 REINSTATEMENT

	L. SELLERS	REINSTATEMENT
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10. E-mail Address: donnas.hideout@gmail.com
(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Yvonne Ward April 6, 2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #