FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 JUL 25 AM 10: 56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E051 (11/10)

DOCUMENT # P10000081349

1. Corporation Name

801 City Grille, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
801 West Montrose Street	801 West Montrose Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont FL	City & State: Clermont FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/5/2010

5. FEI Number: 27-3627493 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED $6.25 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Alan Pool

Street Address (P.O. Box Number is Not Acceptable): 608 South Main Avenue

Suite, Apt. #, etc.: Unit 9

City: Minneola State: FL Zip Code: 34715

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: _____ Date: 7-24-19

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
PSD	Alan Pool	608 South Main Avenue	Minneola, FL 34715
VPTD	Katherine Pool	608 South Main Avenue	Minneola, FL 34715
	REINSTATEMENT		JUL 25 2019
			R. HUNT

10. E-mail Address: alanpool53@icloud.com

(To be used for future annual report notification)

11. 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: _____ 7-24-19 352-360-5722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

801 CITY GRILLE, INC.

Certificate of Status	1
Certified Copy	0
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