

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE  
97 AR  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 31 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000011282

1. Corporation Name

FLORINIGHTS, INC.

Principal Place of Business

JIMMY'S PUB  
12793 N. DALE MABRY HWY.  
TAMPA FL 33618  
US

Mailing Address

12793 N. DALE MABRY HWY.  
TAMPA FL 33618  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3166494

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	AHEARN, JAMES P SR.	9520 WINDSONG LANE	TAMPA FL 33618
D	AHEARN, JAMES P JR. <i>DELETE</i>	12316 WITHERIDGE <i>DELETE</i>	TAMPA FL <i>DELETE</i>
P	SANFELIZ, EUSEBIO	6408 N GRADY ST SUITE A	TAMPA FL 33614
	PLEASE ADD OR CORRECT ABOVE OFFICER		
			100002349521--0 -11/17/97--01144--019 ****165.00 ****165.00

8. Name and Address of Current Registered Agent

GIBBONS, JOHN B  
101 E. KENNEDY BLVD.  
SUITE 1760  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

EUSEBIO SANFELIZ

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

6408 N GRADY ST

Suite, Apt. #, Etc.

SUITE A

City

TAMPA

State

FL

Zip Code

33614

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/24/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/24/97 813 265-4664

2

FLORINIGHTS, INC.  
12793 N. DALE HARRY HWY  
TAMPA, FL 33618

TO WHOM IT MAY CONCERN:

I JUST RECEIVED A NOTICE OF DISSOLUTION OR REVOCATION ON OCT 24, 97  
I PROCEEDED TO CALL YOUR OFFICE ON THE SAME DATE I SPOKE TO A  
REPRESENTATIVE AT YOUR OFFICE BY THE NAME OF LESLIE. I TOLD HER  
THAT RENEWAL FOR ANNUAL REPORT HAD BEEN MAILED TO YOU ON APRIL  
12TH OF 97 THIS YEAR, AND IT INCLUDED THE CHANGE OF OFFICERS IN  
THE CORPORATION. THE CHECK NUMBER WAS #1668 FOR THE AMOUNT OF  
\$165.00 DOLLARS. SHE SAID YOU HAD NO RECORDS OF THIS BUT TO  
GO AHEAD AND RESEND A CHECK FOR THE AMOUNT ALONG WITH THE NEW  
FORM PROVIDED.

SINCERELY

E. SANTELIZ PRES.