

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **DA3-61295**

1. Corporation Name

Fatty & Skinnys Worldly Tavern

Principal Place of Business

Mailing Address

**658 West Tennessee St.
Tallahassee, FL 32304**

FILED

JAN 20 PM 4:50

STATE
TALLAHASSEE, FLORIDA

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

9-1-93

5. FEI Number

59-3199350

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	John Chapman	1421 Cricket Ct.	Longwood, FL 32750
Sec.	GARY JOHNSTON	1625 Branch St. Tallahassee, FL 32303	Tallahassee, FL 32303

REINSTATEMENT

9-1-93
1/20/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GARY JOHNSTON
1625 Branch St.
Tallahassee, FL 32303**

Name

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

Suite, Apt. #, Etc

City

0000012770140-3

02/08/99 01098-027

111508-35 111508-75

FL

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

Gary Johnston

REGISTERED AGENT MUST SIGN

Date **1-20-99**

11. This corporation owes 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)(j), 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

Gary Johnston

1-20-99

Date

Daytime Phone #