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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 1995-96

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 10 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P94000006544

HONKY TONKS LOUNGE, INC.
c/o JAMES ROMBAKIS, President
1951 Military Trail
West Palm Beach, FL 33415

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address: 630 LAKESIDE HARBOR
City and State: BOYNTON BEACH, FL
Zip Code: 33435

3. If Principle Office Address is different from mailing address, enter address below:

Address: 300002641 3--8
-12/11/96--01076--020--
City and State: ****582.75 ****582.75
Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida: January 18, 1994

5. FEI Number: 65-0464536

FEI Number Applied For
FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

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
P/D	JAMES ROMBAKIS	630 LAKESIDE HARBOR	BOYNTON BEACH, FL 33435

1995
1996
Allow
12-10-96

REINSTATEMENT

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

ELLIOTT FRANKLIN
1030 LAKE AVENUE
SUITE C
LAKE WORTH, FL 33460

9. If changed, new registered agent/office

Name: JAMES ROMBAKIS
Street Address (Do NOT Use P.O. Box Number): 630 LAKESIDE HARBOR
Street Address (Do NOT Use P.O. Box Number):
City: BOYNTON BEACH
State: FL
Zip: 33435

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: James P. Rombakis — REGISTERED AGENT MUST SIGN
Date: 12/5/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

13. I certify that I am an officer or director of 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. 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 of Officer or Director: James P. Rombakis
Date: 12/5/96
Daytime Phone #:

Typed or printed name of signing officer or director: JAMES P. ROMBAKIS