

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<b>FILED</b> <b>98 JAN 23 PM 2:57</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
<b>DOCUMENT #</b> <i>P94000053116</i>			
1. Corporation Name <i>Sluggo's, Inc.</i>			
Principal Place of Business <b>130 S. Palafox Street Pensacola, FL 32501</b>		Mailing Address <b>P. O. Box 174 Pensacola, FL 32591</b>	
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 Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <i>July 15, 1994</i>			
5. FEI Number <i>59-3278496</i>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	2	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)
1			4
DPT	Teresa T. Johnson	309 N. 6th Avenue	Pensacola, Florida 32501
			<i>0000002415300-9 -01/28/98-01100-016 ***1200.00 ***1200.00</i>
			<b>REINSTATEMENT</b> <i>95-98</i>
			<i>SC 1-26-98</i>
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Scott H. Mitchell 935 Fairway Drive Pensacola, FL 32507		Name <i>Teresa T. Johnson</i> Street Address (P.O. Box Number is Not Acceptable) <i>309 N. 6th Avenue</i> Suite, Apt. #, Etc.	
		City <i>Pensacola</i>	State <i>FL</i> Zip Code <i>32501</i>
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 <i>[Signature]</i>		Date <i>11.19.98</i>	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		(See other side for information on intangible tax.)	
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
<b>SIGNATURE:</b> <i>[Signature]</i>		<b>TERESA T. JOHNSON</b>	
<b>(904) 435-0543</b>			