

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000053116**

1. Corporation Name
SLUGGO'S, INC.

Principal Place of Business

130 S. PALAFOX STREET
PENSACOLA FL 32501

Mailing Address

P.O. BOX ~~725~~ **725**
PENSACOLA FL ~~32501~~ **32594**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/15/1994

5. FEI Number

59-3278496

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	JOHNSON, TERESA T	309 N 6TH AVENUE P.O. Box 174	PENSACOLA FL 32501 32594
DPT	Trier, John J.	P.O. Box 725	Pensacola, FL 32594

300003455933--3
-11/07/00--01113--011
****300.00 ****300.00

BR 11/3

8. Name and Address of Current Registered Agent

JOHNSON, TERESA T
309 N 6TH AVENUE
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

Trier, John J.

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

3113 East Strong St.

Suite, Apt. #, Etc.

City

Pensacola

State

Zip Code

FL

32501

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]

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-19-00**

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., 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN J. TRIER

Date

Daytime Phone #

10-19-00 860-432-1215