

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 14 AM 10:17

RECEIVED
STATE
DEPARTMENT OF REVENUE

DOCUMENT # 994000089867

1. Corporation Name

KITTY'S SALOON, INC.

2. Principal Office Address

2211 N. DEXTER HWY.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL.

Zip

33460

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1994

5. FEI Number

650638114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

CR2E081 (12/05)

00-06

7. Name and Address of Current Registered Agent

Name

CHARLES E. COVENTON

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

2211 N. DEXTER HWY

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33460

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Charles E. Coventon

REGISTERED AGENT MUST SIGN

Date 8/11/2006

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PSD</u>	<u>MADELYNE SEMON</u>	<u>2616 P. GARDEN DR. #2030</u>	<u>LAKE WORTH, FL. 33461</u>

300078753753
08/16/06--01024--005 **1650.00

10. 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 contained in Chapter 119, 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:

Charles E. Coventon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/2006

Date

561-393-6916

Daytime Phone #