

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 97-98
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY -4 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000022538**

1. Corporation Name

GOOD TIMES SALES, INC.

Principal Place of Business

Mailing Address

~~40707 N US HWY 19~~
~~TARPON SPRINGS FL 34689~~

~~40707 N US HWY 19~~
~~TARPON SPRINGS FL 34689~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/20/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3433 E. Gulf to Lake Hwy

3433 E. Gulf to Lake Hwy

City & State

City & State

Inverness FL

Inverness FL

Zip

Country

Zip

Country

34453

USA

34453

USA

5. FEI Number

59-3302411

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WEYRAUCH, WAYNE A	8047 NORTH CARL G. ROSE HIGHWAY	HERNANDO FL 34442
VP	CLARK, THOMAS J	19001 HUCKAVALLE ROAD	ODESSA FL 33556
ST	WEYRAUCH, PATRICIA L	8047 NORTH CARL G. ROSE HIGHWAY	HERNANDO FL 34442

100002521761... 2
-05/13/98--01055--019
*****908.75 *****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WEYRAUCH, PATRICIA L
8047 NORTH CARL G. ROSE HIGHWAY
HERNANDO FL 34442

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Patricia L. Weyrauch
PATRICIA L. WEYRAUCH MUST SIGN

Date 4-15-98

11. This corporation owes or has paid 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)(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:

Patricia L. Weyrauch *Patricia L. Weyrauch* 4-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E040 (8/97)