

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 NOV -7 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036405

1. Corporation Name

BREAK TIME PUB, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable  
7126 Stirling Rd.

Suite, Apt. #, etc.

City & State  
Davie, FL

Zip Country  
33024 USA

3. New Mailing Office Address, If Applicable  
7126 Stirling Rd.

Suite, Apt. #, etc.

City & State  
Davie, FL

Zip Country  
33024 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/09/1995

5. FEI Number

✓ 65-0579449

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/S/T/D	Lewis, Nathan	7126 Stirling Rd.	Davie, FL 33024

REINSTATEMENT

90-97  
11/7/97

400002343084--2  
-11/10/97--01124--004  
\*\*\*\*923.75 \*\*\*\*923.75

8. Name and Address of Current Registered Agent

PAUL THILEM.  
6554 N.W. 43rd St.  
CORAL SPRINGS, FL 33067

9. Name and Address of New Registered Agent

Name  
Thilem, Paul  
Street Address (P.O. Box Number is Not Acceptable)  
6554 N.W. 43rd St.  
Suite, Apt. #, Etc.

City  
Coral Springs

State Zip Code  
FL 33067

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

X Paul Thilem.

REGISTERED AGENT MUST SIGN

Date ✓ 10/31/97.

11. Does this corporation pay any intangible tax to the  
✓ Dept. of Revenue under S. 199.032, Florida Statutes. 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:

X Nathan Lewis  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Nathan Lewis, President

✓ 10/31/97 954-720-3303  
Date Daytime Phone #

002500 (1/256)