PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FLORIDA DEPARTMENT OF STATE

APPLICATION FOR REINSTATEMENT



Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000052671

1. Corporation Name

SIGNATURE:

BAYSHORE SPORTS BAR, INC.

Principal Place of Business

Mailing Address

FILED

96 NOV 27 PM 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SOLO-BAYSHORE HOAD NORTH-FORT MYERS PL 33003			MARKET TO	MARKET STATE STATE 33947						
if above a	ddresses are	incorrect in any way, line th	rough incorrect in	ormation a	and enter co	orrection below.	REINS	TATEM	ENT	94
					ng Office Address, If Applicable 7 GORHAM QUE etc.			Date Incorporated or Qualified To Do Business in Florida O7		
								'		Applied For
مَّ <u>م</u> ذَ	YERS	Florida	FT MY	ERS		RIPA	6.		1	Not Applicable
Zip 339	07	Country	Zip 339€	7	Country	Lee	CERTIFICATE	OF STATUS DESIRED	_	
7. Names	and Street Ad	dresses of Each Officer and	I/or Director (Flo	rida nonpro						
Title(s)	(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			i Numbers)	4	City / State /	Zip
PSD	D STONE, LOUISE RAE			2100 EPHINM AVENE 2337 GORHAM			AU ONUE FORT MYERS FL 33007			
				-433	<u> </u>	<u>UKAAUN</u>	7.00			
.4							40	100020 -12/04/9	60104	12003
•								米米米半375	.UU **	***375.00
								Ub	11-2	7-96
Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent Name				
STONE, LOUISE RAE 2108 EPHRAIM AVENUE FORT MYERS FL 33907						STON	P.O. Box Number	is Not Acceptable)	e Ve N	W8
			_			City 71 mys				9 Code 8 3 90 7
	•	e registered agent of the at	ove named corpo	oratio am	amiliar witi	h and accept the o	bligations of Secti	on 607.0505, F.S.		
Signature o Registered	Agent	Xours !	REGISTERED AG	ENT MUST	SIGN	MEL		Date 10	_ 20	.96
11. Do	es this	corporation pay evenue under S	any intang . 199.032.	ible ta	x to the	e Ites. Yes	□ No □		ther side for on intangible	r information tax.)
12. I certify this rolr	that I am an estatement ap	officer or director or the recipication, the reason for distillion have been paid and the true and accurate, and my t	elver or trustee er solution has been a names of Individ	npowered k eliminated luals listed o	o execute to	his application as pate name satisfies	provided for in cha the requirements an exemption unc	of section 607,0401 o	r 617.0401.	F.S., that all fees