

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000069419

1. Corporation Name

Hurt Enterprises, Inc.
DBA Pitcher House Lounge

Principal Place of Business

101 Candace Drive
Maitland, FL 32751

Mailing Address

101 Candace Drive
Maitland, FL 32751

98 APR 15 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		8/31/95	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3336389	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	Lawrence J. Hurt	101 Candace Drive	Maitland, FL 32751
			100002494651--8
			-04/21/98--01021--019
			***1050.00 ***1050.00
REINSTATEMENT 96-98			
D. Alan 4/15/98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
Lawrence J. Hurt	
Street Address (P.O. Box Number is Not Acceptable)	
101 Candace Drive	
Suite, Apt. #, Etc.	
City	Maitland
State	FL
Zip Code	32751

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

Lawrence J. Hurt
REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Hurt
Lawrence J. Hurt

Date

Daytime Phone #

46-98(407)834-6300