▲ Top Hole ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1996 NOV -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Checks Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #P95-000089832

Players Sports Bar of Winter Park, Inc.
1566 West Fairbanks Avenue
Winter Park, FL 32789

2. If Address in Block 1 is mailing address in any way, enter the corp address below:

Address

City and State Zip Code

3. If Principal Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/96

5. FEI Number: 59-3348557

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/K	Wayne R. Price	99 Sorrento Circle	Winter Park, FL

200002000112--7
-11/08/96--01029--005
$75.00 $75.00

REINSTATEMENT

8. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City FL

9. Name and Address of Current Registered Agent

Wayne R. Price
1566 West Fairbanks Avenue
Winter Park, FL

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 Wayne R. Price
REGISTERED AGENT MUST SIGN

Date: 10/25/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [X] (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (See other side for information on intangible tax.)

13. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when 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., and all fees owed by the corporation have been paid. The information inputted on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of: X Wayne R. Price pres

10/25/96