

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
97 **Sandra B. Mortham**
Secretary of State
A/R DIVISION OF CORPORATIONS

FILED

97 NOV -5 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093603

1. Corporation Name

ALE HOUSE, INC.

Principal Place of Business

**4025 W. WATERS AVENUE
SUITE 117
TAMPA FL 33614**

Mailing Address

**4025 W. WATERS AVENUE
SUITE 117
TAMPA FL 33614**



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

12/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
P	DOBLE, JOHN G III	9810 BN OJUS DR- N. OJUS DR	TAMPA FL 33617
S	DOBLE, VICTORIA P	16006 MCGLAMERY RD- MCGLAMERY RD	ODESSA FL. 33556

100002341961--B
-11/07/97--01102--008
****165.00 ****165.00

LC
11-5-97

8. Name and Address of Current Registered Agent

**DOBLE, VICTORIA P
C/O BREW SHACK
4025 W. WATERS AVENUE
TAMPA FL 33614**

9. Name and Address of New Registered Agent

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

Victoria P. Doble

Date

REGISTERED AGENT MUST SIGN

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: *Victoria P. Doble*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VICTORIA P. DOBLE NOV 3, 97 (813)

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ALE HOUSE INC
C/O BREW SHACK
4025 W. WATERS AVE
SUITE 117
TAMPA, FL 33614
3 NOV 97

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

DEAR SIR:

I HAVE JUST LEARNED THAT MY
CORPORATION, ALE HOUSE INC, HAS BEEN
DISOLVED BY THE DIVISION OF CORPORATIONS
FOR FAILURE TO FILE AN ANNUAL REPORT.

ALE HOUSE INC NEVER RECEIVED
THE ANNUAL REPORT FORM FROM THE
STATE OF FLORIDA SO ALE HOUSE INC
RESPECTFULLY REQUESTS THAT THE
STATE OF FLORIDA ACCEPT THE ENCLOSED
ANNUAL REPORT AND CHECK FOR \$165.00 +
MERGER CHECK (\$70.-) SINCERELY,

Victoria P. Doble

VICTORIA P. DOBLE
SECRETARY/TREASURER +
REGISTERED AGENT