## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION. **FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #	P96000031442
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1. Corporation Name

FAT JACK'S SALOON, INC.

Principal Place of Business

16520 \$ TAMIAMI TR

FT. MYERS FL 33908

Mailing Address

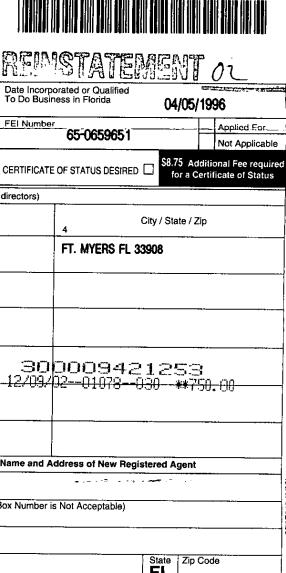
1325-C DEL PRADO BLVD. CAPE CORAL FL 33990

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SECRETALLY OF STATE TALLAFIASSEE FLORIDA



If above addresses are incorrect in any way,	line through incorrect	information and enter co	If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable	ficable 3. New Mailing Office Address, If Applicable				4. Date Incorporated or Qualified To Do Business in Florida  Od/05/1006		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		T		04/05/1996		
City & State	City & State			5. FEI Numb	5. FEI Number — Applied Fo		
Zip Country	Zip	Country		6.		Not Applicable \$8.75 Additional Fee required	
					E OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Office	er and/or Director (Flo	orida nonprofit corporation	ons must list at I	east 3 directors)			
Title(s) Name of Office and/or Directed			itreet Address of Each Officer and/or Director		City /	City / State / Zip	
PDTS WATSON, THOMAS		16520 S. TAMIAMI TRAIL			FT. MYERS FL 33908		
				30	0009421;	253	
					<del>/0201078<b></b>030</del>	<del>**/'50, (30</del>	
			<del></del> -				
8. Name and Address of Cu	rrent Registered Age	ent		9. Name and	Address of New Registere	d Agent	
A A A A A A A A A A A A A A A A A A A	-		Name	-			
CANY, DAVID W			Street Address	(P.O. Box Number	is Not Acceptable)		
1325 C DEL PRADO BLVD.				(o. Box (Vallibo)	is Not Acceptable)		
CAPE CORAL FL 33990			Suite, Apt. #, Etc.				
			City State Zip Code				
0. I, being appointed the registered agent of the second s	ne above named corpo			obligations of Sect	on 607.0505, F.S. or 617.05	505, F.S.	
Registered Agent	REGISTERED AG	PUE QUI	NEU		Date /2/5	101	
	COICTETIED AG	LITE WOOT SIGN			2 (		

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

Daytime Phone #