

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

97 AR

FILED

97 DEC 15 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000056046

1. Corporation Name

ROSCOMMON PUB, INC.

Principal Place of Business

~~29430 SHINNECOCK HILLS LANE~~
~~SAN ANTONIO FL 78276~~

Mailing Address

~~29430 SHINNECOCK HILLS LANE~~
~~SAN ANTONIO FL 78276~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7122 E FOWLER

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip Country
33617 USA

3. New Mailing Office Address, If Applicable

7122 E FOWLER

Suite, Apt. #, etc.

City & State
TAMPA FL

Zip Country
33617 USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/02/1996

5. FEI Number

05-0690834

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PTB D/S	BYRNE, GARY W	29430 SHINNECOCK HILLS LANE	SAN ANTONIO FL 33576
	PETER R. FONTAINE	4112 E 98TH AVE	TAMPA, FL 33617
	BYRNE, LEANNE	29430 SHINNECOCK HILLS LANE	SAN ANTONIO FL 33576

300002375953--0
-12/17/97--01120--002
****165.00 ****165.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

PETER R. FONTAINE

Street Address (Post Office Box Number is Not Acceptable)

7122 E. FOWLER AVE

Suite, Apt. #, etc.

City

TAMPA

State

FL

Zip Code

33617

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

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

Date

Daytime Phone #

CR20040 (8/97)

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*Rhodes Accounting Service Inc.
5411 Staley Drive
Tampa, Fl 33610*

*Phone 813-626-5867
Fax 813-626-7059
E-Mail FRhodes324@aol.com*

November 20, 1997

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Re: Annual Report Roscommon Pub, Inc. d/b/a Bottlecaps

Dear Sir or Madam:

Enclosed is the completed form for application for reinstatement and Mr. Fontaine's check for \$165.00.

As you can see from the form the originals never got to Mr. Fontaine as neither of the address are his. He purchased the pub effective 1/1/97 and believed that the previous owner was taking care of this. Apparently he did not and finally forwarded the form to Mr. Fontaine.

We request you accept this amount as Mr. Fontaine just received this form or he would have taken care of it immediately.

We appreciate you consideration in this matter.

Sincerely,



Frances M. Rhodes
Accountant for Peter Fontaine