

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

999600038499

1. Corporation Name

POST TIME SPORTS BAR & GRILL INC.

Principal Place of Business

Mailing Address

7781 Lake Worth Road
Lake Worth, Florida 33467-2536

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
President	Joyce Longhurst	185 Akron Road	Lake Worth, Fl. 33467

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Vincent D. Pileggi
7781 Lake Worth Road
Lake Worth, Fl. 33467

Name
Joyce Longhurst
Street Address (P.O. Box Number is Not Acceptable)
185 Akron Road
Suite, Apt. #, Etc.
City
Lake Worth
State
FL
Zip Code
33467

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

Joyce Longhurst

REGISTERED AGENT MUST SIGN

Date 11-3-99

11. This corporation owes 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:

Joyce Longhurst

Joyce LONGHURST

Date

11-3-99

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 PM 12:23

REINSTATEMENT 99

CR2001 (12/98)