

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 AUG 27 PM 1:34

DOCUMENT # P97000057596

1. Corporation Name

Donna's Alachua Sports Pub Inc.

2. Principal Office Address - No P.O. Box #

14003 NW 150th Ave

Suite, Apt. #, etc.

Alachua, FL

City & State

Zip

32643

Country

US

3. Mailing Office Address

21404 NW 205th ST.

Suite, Apt. #, etc.

High Springs, FL

City & State

Zip

32643

Country

US

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L BERGER

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

July 15, 1997

5. FEI Number

59-3458756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bratten, Donna

Street Address (P.O. Box Number is Not Acceptable)

21404 NW 205th ST.

Suite, Apt. #, Etc.

High Springs FL

City

State

FL

Zip Code

32643

800276514336
08/27/15--01021--012 **1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AST	Bratten, Donna	21404 NW 205th ST.	High Springs, FL 32643
MCD	Bratten, Donna	21404 NW 205th ST.	High Springs, FL 32643

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Donna Bratten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-25-15 386 462 5383

Daytime Phone