

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072513

1. Corporation Name

WET WILLIE'S BAR & GRILL INC.

Principal Place of Business

WET WILLIE'S BAR & GRILL
HOMOSASSA SPRGS FL 34446
US

Mailing Address

4076 S SUNCOAST BLVD
HOMOSASSA SPRGS FL 34446
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1997

5. FEI Number

59-3465038

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	BASS, WILLIE	1935 SE US HIGHWAY 19	CRYSTAL RIVER FL 34429
P/D	Hamilton, Jennifer	10210 W Hadley Ct	Homosassa FL 34446

800003034808--2
11/04/99-01049-011
****750.00 ****750.00

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8. Name and Address of Current Registered Agent

~~BASS, WILLIE~~
~~2010 W HADLEY CT~~
~~HOMOSASSA SPRGS FL 34446~~

9. Name and Address of New Registered Agent

Name
Jennifer Hamilton
Street Address (P.O. Box Number is Not Acceptable)
10210 W. Hadley Ct
Suite, Apt. #, Etc.
City
Homosassa
State
FL
Zip Code
34446

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

Jennifer Hamilton
REGISTERED AGENT MUST SIGN

Date

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., 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)(l), 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

Jennifer Hamilton

10/18/99 (352) 628-4602
Date Daytime Phone #