

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 28 AM 9:32

P97000079475



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

DOCUMENT # P97000079475

1. Corporation Name

BILLY'S PUB TWO, INC.

2. Principal Office Address

2528 N. Federal Hwy

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

3. Mailing Office Address

2528 N. Federal Hwy

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33305

Country

USA

100003155601--1

-03/03/00--01003--002

****935.00 ****800.00

4. Date Incorporated or Qualified To Do Business in Florida

9/12/1997

5. FEI Number

65-0783685

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

William Macarski

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

2528 N. Federal Hwy.

Suite, Apt. #, Etc.

City

Fort Lauderdale

State
FL

Zip Code
33305

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

[Signature]

Date 2/18/00

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
DPST	Macarski, William	2528 N. Federal Hwy.	Ft. Lauderdale, FL 33305
DPST	Bilotti, Michael	2528 N. Federal Hwy.	Ft. Lauderdale, FL 33305

10. 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]

305-997-0567

2/18/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)