

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 JUN 10 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000091400**

1. Corporation Name

ORBIT NIGHT CLUB, INC.

2. Principal Office Address

147 FLAMINGO

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

Zip

33931

Country

USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida **10/24/97**

5. FEI Number

65-0789677

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

BRUNO AEGERTER

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

147 FLAMINGO STREET

Suite, Apt. #, Etc.

City

FORT MYERS BEACH

State

FL

Zip Code

33931

900005974109 -- 1
06/25/02 01053 021
******908.75 ****908.75**

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

BRUNO AEGERTER

Date **6/7/02**

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
SD	ADRIAN STAHL	147 FLAMINGO	FT. MYERS BEACH, FL 33931
PD	BRUNO AEGERTER	147 FLAMINGO	FT MYERS BEACH, FL 33931

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:

BRUNO AEGERTER PRESIDENT 6/7/02 (941) 849-0486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)