

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000105362

1. Corporation Name

ON THE CORNER SEAFOOD GRILL, INC.

Principal Place of Business

801 WEST MONTROSE STREET  
CLERMONT FL 34711

Mailing Address

801 WEST MONTROSE STREET  
CLERMONT FL 34711

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

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1997

5. FEI Number

59-3482656

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PV	POOL, ALAN J	801 WEST MONTROSE STREET	CLERMONT FL 34711
TS	POOL, MARTHA K	801 WEST MONTROSE STREET	CLERMONT FL 34711

10/24/02--01099--022 \*\*150.00

*AB/ps*

8. Name and Address of Current Registered Agent

POOL, ALAN J  
801 WEST MONTROSE STREET  
CLERMONT FL 34711

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/22/02

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)(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]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02  
Date

Daytime Phone #

CR20040 (8/02)



*Assured Accounting Concepts, Inc.*

240 Mohawk Road  
Clermont, Florida 34711  
352-394-4048  
Fax 352-394-3272

119 W. Lemon Street  
Lady Lake, Florida 32159  
352-753-1337  
Fax 352-753-9336

October 22, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 3314-6327

Re: On the Corner Seafood Grill, Inc.  
59-3482656

Dear Sir or Madam:

Enclosed please find the Application for Reinstatement for the above referenced corporation and check #9902 in the amount of \$150.00. The owners of this corporation sold their restaurant business in 2001. They did not sell the corporation. The Uniform Business Report address is the location of the restaurant that was sold. The new owners did not forward or give the report to Mr. & Mrs. Pool. Therefore, they did not receive either copies of the 2002 Uniform Business Report.

We are respectfully requesting that the penalties are waived and the corporation be reinstated. Thank you for considering our request.

Very truly yours,

Peggy L. Abraham

PLA/mm  
Encs.