

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 3: 02

DOCUMENT # P98000001821

1. Corporation Name

GOOD TIMES OF ST. AUGUSTINE, INC.

2. Principal Office Address

32 Versaggi Dr.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

USA

3. Mailing Office Address

32 Versaggi Drive

Suite, Apt. #, etc.

City & State

St. Augustine, FL

Zip

32080

Country

USA

REINSTATEMENT 0001

4. Date Incorporated or Qualified
To Do Business in Florida

1/8/98

5. FEI Number

593495871

Applicable 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

George M. McClure, Esq.

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

170 Malaga Street

Suite, Apt. #, Etc.

Suite A

City

St. Augustine

State

FL

Zip Code

32084

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 10/24/01

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
PV	Douglas Swan	3240 Cross Creek Place	St. Augustine, FL 32086
ST	Tom C. Bell	32 Versaggi Drive	St. Augustine, FL 32084
			400004679384--6 -11/14/01--01086--018 *****300.00 *****300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/01

Date

94501-6593

Daytime Phone #

CRZ001 (9/00)