

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR -1 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000012548**

**1. Corporation Name**

**CLOSING TIME, INC**  
**3434 GRAND BLVD**  
**HOLIDAY FL 34690**

**2. Principal Office Address**

**3434 GRAND BLVD**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**3434 GRAND BLVD**

Suite, Apt. #, etc.

**City & State**

**HOLIDAY FL**

**City & State**

**HOLIDAY FL**

**Zip**

**34690**

**Country**

**USA**

**Zip**

**34690**

**Country**

**USA**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**3-1-98**

**5. FEI Number**

**59-3490990**

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**

**SCOTT PALMER**

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

**13349 LITTLE FARMS DR.**

Suite, Apt. #, Etc.

**City**

**SPRING HILL**

**State**

**FL**

**Zip Code**

**34609**

**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

**Scott Palmer**

REGISTERED AGENT MUST SIGN

Date **3/1/03**

**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
VP	RAYMOND BOUDREAU	6509 Spring Flower DR	NPR FL 34653
PRES	SCOTT PALMER	13349 LITTLE FARMS DR	SPRING HILL FL 34609

**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

**Raymond Boudreau**

**3-20-03 727 848 6919**

Date

Daytime Phone #

March 1, 2003

Closing Time Inc,  
DBA/  
Venture's Bar & Grill  
3434 Grand Blvd.  
Holiday, Fl 34690

To whom it may concern:

I received a letter dated February 7, 2003 Reference # G98051000031 stating that corrections needed to be made for our fictitious name application.

It states that our corporate name is not registered. We have never received any renewal application for our corporate name. Therefore we had no idea that we were not in compliance with our corporate name,

I spoke with Tyronne at 1-850-488-9000 and was told by him that I should write a letter stating that I have not received my corporate renewal forms and to send a check for \$300.00 to the Dept of State. He also told me to ask the state to waive any fines or penalties that would be associated with this issue.

He also told me not to resubmit my Fictitious Name correction form until I heard back from the State on the corporation issue.

If I can be of further assistance, please contact me at the above address or call 727-848-6919

Thank you for your time concerning this matter.

Raymond Boudreau  
Vice President  
Closing Time Inc.