

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000022958

1. Corporation Name

SAM SNEAD'S TAVERN MANAGEMENT, INC.

2. Principal Office Address

825 SE 3RD AVENUE

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

Zip

34471

Country

U.S.A.

3. Mailing Office Address

825 SE 3RD AVENUE

Suite, Apt. #, etc.

City & State

OCALA FLORIDA

Zip

34471

Country

U.S.A.

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/1998

5. FEI Number

59-3499471

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

GARY A. THURSTON

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

825 SE 3RD AVENUE

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code

34471

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

REGISTERED AGENT MUST SIGN

Date

1/29/1

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 |
|--------|--------------------------------------|---|--------------------|
| D/P | GARY A. THURSTON | 825 SE 3RD AVE. | OCALA, FL 34471 |
| D/O | MICHAEL A. GUARINO | 825 SE 3RD AVENUE | OCALA, FL 34471 |
| D/VP | JAMES B. DUKE, MD | 825 SE 3RD AVENUE | OCALA, FL 34471 |
| D/VP | FRANK M. VERO | 825 SE 3RD AVENUE | OCALA, FL 34471 |
| T | WINDY A. KEMP | 825 SE 3RD AVENUE | OCALA, FL 34471 |
| | | | |

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:

GARY A. THURSTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

1/29/1

Daytime Phone #

(352) 629-7979

CR2E081 (9/00)