

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT 31 PM 3:21

DOCUMENT # P98000034365

1. Corporation Name

GOVERNOR'S LOUNGE INC

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address

10357 SW 52

Suite, Apt. #, etc.

3. Mailing Office Address

10357 SW52

Suite, Apt. #, etc.

City & State

HUDSNON

City & State

HUDSON

Zip

34669

Country

US

Zip

34669

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FFL Number

59-3502841

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  
FULKS, JIMMY

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

10357 SR 52

Suite, Apt. #, Etc.

City  
HUDSON

State  
FL

Zip Code  
34669

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

*Jim Fulk*

REGISTERED AGENT MUST SIGN

Date 10/20/06

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
P	FULKS, JIMMY	10357 SR 53	HUDSON FL 346669

800081614428  
11/08/06--01008--014 \*\*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 contained in Chapter 119, 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:

*Jim Fulk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/06

Date

Daytime Phone #

2 of 2

MATTHEW POTTER CPA, PA  
5940 MAIN STREET  
NEW PORT RICHEY FL 34668  
(727) 841-6500 FAX (727) 841-0525

October 20, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Governor's Lounge Inc.  
P98000034365  
Reinstatement For Year 2005 & 2006

To whom it may concern:

Enclosed please find two reinstatement forms for the years stated above along with the filing fees of \$150.00 each a total of \$300.00 for 2005 and 2006. In 2005 we did not receive a renewal card for the annual corporation. As soon as we realized and researched, we immediately downloaded the form and mailed in the application along with the \$150.00 filing fee for the year 2005.

Then we received a letter from your office informing us that the 2005 annual report renewal was not included with our check.. We immediately mailed back the check along with the annual report and check that was returned. Please see copies attached.. Recently we were notified by the Division of Alcoholic Beverages that our corporation was not renewed for 2006 as well. We did not receive a renewal card for 2006.

Under these circumstances, we ask that you please renew our corporation to active status and waive any and all penalties as this matter was a truly and honestly error. We have been an active corporation since April of 1998. In the past we have always filed our annual reports in a timely manner and we will continue to do so in the future.

Your attention to this matter is greatly appreciated.

Sincerely,  
  
Patti D'Amico  
Staff Member