

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 28 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000050409

1. Corporation Name

The Village Lounge, Inc.

300112663243
11/28/07--01046--007 **750.00

REINSTATEMENT 03-07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
5305 Ehrlich Road

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip Country
33625 USA

3. Mailing Office Address
5305 Ehrlich Road

Suite, Apt. #, etc.

City & State
Tampa, Florida

Zip Country
33625 USA

4. Date Incorporated or Qualified
To Do Business in Florida **6/3/1998**

5. FEI Number
593520802

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
Elizabeth Fortugno

Street Address (P.O. Box Number is Not Acceptable)
13715 Walbrooke Drive

Suite, Apt. #, Etc.

City
Tampa

State Zip Code
FL 33624

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Elizabeth Fortugno
REGISTERED AGENT MUST SIGN

Date **11-26-07**

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
PTD	Elizabeth Fortugno	13715 Walbrooke Drive	Tampa, Florida 33624

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:

Elizabeth Fortugno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-26-07

Daytime Phone #

11/30/07