

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR -8 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000059101

1. Corporation Name ROUND BAR, INC.

W01000004479

100003924701--9
-03/29/01--01009--006
***1050.00 ***1050.00

REINSTATEMENT 99-01

2. Principal Office Address
3720 NW 43rd St. Suite 100

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State
Gainesville, FL 32606

City & State

Zip
32606

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida** 7/01/98

5. FEI Number
59-3521213

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
Edward L. Dugger

Street Address (P.O. Box Number is Not Acceptable)
3720 NW 43rd St., Suite 100

Suite, Apt. #, Etc.

City
Gainesville

State FL **Zip Code** 32606

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 2-20-01

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/D	Edward L. Dugger	3720 NW 43rd St., Ste-100	Gainesville, FL 32606

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

Date

Daytime Phone #

(352) 375-7511

CR2E081 (9/00)