

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

**99 DEC 20 AM 11:53**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000086847**

1. Corporation Name

**TNR NIGHTCLUB, INC.**

Principal Place of Business

Mailing Address

**c/o IVAN A. GOMEZ, P.A.  
601 BRICKELL KEY DRIVE.  
SUITE 507  
MIAMI, FLORIDA 33131**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**10/08/98**

**7155 N. AUGUSTA**  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0882340**

Applied For  
Not Applicable

City & State

**MIAMI LAKES, FL**

City & State

Zip

**33015**

Country

**USA**

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	TIMOTHY ACOSTA	7901 W. 25th Avenue Bay #2	HIALEAH, FLORIDA 33016
S/T/D	ROBYN ORTA	8732 N.W. 141st Terrace	MIAMI, FLORIDA 33016
			300003084029--3 -12/30/99--01020--004 ****758.75 ****758.75
			LS

8. Name and Address of Current Registered Agent

**IVAN A. GOMEZ, P.A.  
601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI, FLORIDA 33131**

9. Name and Address of New Registered Agent

Name

**IAG CORPORATE SERVICES, INC?**

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

**601 BRICKELL KEY DRIVE**

Suite, Apt. #, Etc.

**SUITE 507**

City

**MIAMI**

State Zip Code

**FL**

**33131**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

**IAG CORPORATE SERVICES, INC.**

Signature of  
Registered Agent

By:

**IVAN A. GOMEZ, PRESIDENT**

Date

**12/10/98**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 included 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

(305) 371-9213  
Daytime Phone #