

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

01 JAN -5 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000086847

1. Corporation Name

TNR NIGHTCLUB, INC.

Principal Place of Business

Mailing Address

10382 N.W. 130th Street
Hialeah Gardens, FL 33018



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

2. New Principal Office Address, If Applicable

10382 NW 130th Street

3. New Mailing Office Address, If Applicable

10382 NW 130th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah Gardens, FL

City & State

Hialeah Gardens, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/8/98

5. FEI Number

65-0882340

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director.	4 City / State / Zip
PD	Timothy Acosta	7901 W. 25th Avenue #2	Hialeah, FL- 33016
STD	Robyn Orta	10382 N.W. 130th Street	Hialeah Gardens, FL33018
			500003581495--8 -01/26/01--0107--008 ****900.00 ****900.00

REINSTATEMENT

2-00-01
[Signature]

8. Name and Address of Current Registered Agent

IAG Corporate Services, Inc.
601 Brickell Key Drive
Suite 507
Miami, FL 33131

9. Name and Address of New Registered Agent

Name

Robyn Orta

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

10382 N.W. 130th Street

Suite, Apt. #, Etc.

City

Hialeah Gardens

State
FL

Zip Code
33018

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.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/4/01

11. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01

305-826-4955

Date

Daytime Phone #

CR2E040 (8/99)