PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

01 JAN -5 AM 11:57

SECRETARY OF STATE TALLAHASSEE, ELORIDA

APPROVI-I



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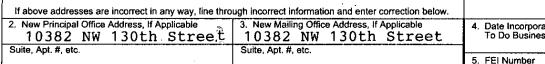
1. Corporation Name

TNR NIGHTCLUB, INC.

| Principal I | Place | of | Business |
|-------------|-------|----|----------|
|-------------|-------|----|----------|

Mailing Address

\_103823N.W. 130th Street. /Hialeah Gardens, FL 33018



City & State ----City & State Hialeah Gardens, Hiaheah Gardens. Zip 33018 33018 USÀ USĀ

 Date Incorporated or Qualified To Do Business in Florida 10/8/98

\_65<u>-</u>0882340 6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

\*\*\*\*\*900 00

Applied For

Not Applicable.

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

| PD Timothy Acosta 7901 W. 25th Avenue #2 Hialeah, Fl | L- 33016       |
|--|----------------|
| STD Robyn Orta 10382 N.W. 130th Street Hialeah Gar   | erdens, FL3301 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IAG Corporate Services, Inc. 601 Brickell Key Drive

Suite 507 Miami, FL 33131 Robyn Orta

Suite, Apt. #, Etc.

Hialeah Gardens

Zip Code 33018

-01/26/01--01077--008

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-826-4955

Daytime Phone #

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