

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000091036**

1. Corporation Name

DOYLEPUBS, INC.

Principal Place of Business

**145 E. MARION AVE.
PUNTA GORDA FL 33950**

Mailing Address

**145 E. MARION AVE.
PUNTA GORDA FL 33950**



FILED

02 DEC 13 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

02

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/26/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0878827	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DOYLE, KEVIN	145 E. MARION AVE.	PUNTA GORDA FL 33950
D	DOYLE, DEBRA	145 E. MARION AVE.	PUNTA GORDA FL 33950

300009500293
12/13/02 01020 005 **750.00

8. Name and Address of Current Registered Agent

**HEEKIN, JOHN C
21202 OLEAN BLVD., SUITE C-2
PORT CHARLOTTE FL 33952**

9. Name and Address of New Registered Agent

Name		
Kevin Doyle		
Street Address (P.O. Box Number is Not Acceptable)		
145 E Marion Ave.		
Suite, Apt. #, Etc.		
City		
Punta Gorda	State	Zip Code
	FL	33950

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date **120902**

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

120902