PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9800097168

Fort Rowdy's, Inc.

Principal Place of Business

Mailing Address

4226-1 Fowler Street Fort Myers, FL 33901

c/o Steven M. Fradin 3123 Dick Wilson Drive Sarasota, FL 34240 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above a	ddresses are incorrect in	any way line th		ota, FL		1240	REIN	STATEME	NT	1999	
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail: 3123 Dick Wilson Drive				ng Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida     11/16/98				
Suite, Apt. #, etc. Suite, Apt.				, etc.			5. FEI Number Applied For -				
City & State City & Sarasota, FL			City & State	City & State			59-3559364 Not Applicable			Not Applicable	
Zip 3424	Country	USA	Zıp		Country	/	6. CERTIFICA	TE OF STATUS DESIRED 🔀		ditional Fee required ertificate of Status	
7. Names	and Street Addresses of	Each Officer and	/or Director (Flo	rida nonprofit	t corpora	tions must list at le	ast 3 directors)				
Title(s)	Name of Officers and/or Directors			Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box			r	mbers) City / State / Zip			
P/D	Steven M. Fi	adin	din		3123 Dick Wilson		Drive	Sarasota, F	ъ ;	34240	
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		<u> </u>									
8. Name and Address of Current Registered Agent							Name and Address of New Registered Agent				
Name											
Alexander G. Paderewski, Esq.							Steven M. Fradin Street Address (P.O. Box Number is Not Acceptable)				
1834 Main Street Sarasota, FL 34236					3123 Dick Wilson Drive						
Juru	30007 15 3	1200				Suite, Apt. #, Etc	<b>.</b>			[	
					ĺ	City	asota		ate Zip	Code 34240	
10. I, being	appointed the registered	agent of the ab	named corpo	ration, am fa	miliar wit				<u> </u>		
Signature of Registered	Agent		EGISTERED AG	OA S	Lotte SIGN	1 Octobe	1,3,199	5 Dan Lace	1,10	199	
	s corporation angible Persor				30.	Yes	□ No [2	(See other on in	side for i itangible i		
2. I certify	that I am an officer or dir	ector or the rece	ver or trustee en	powered to	execute t	his application as p	provided for in ch	napter 607 or 617, F.S. I furth	ner certify	that when filing	

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 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 3, 1995 Date Date Day

(94) 377-7533

CR2E081 (12/98)