

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99A00
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 NOV -3 PM 3:39

DOCUMENT # **P98000098221**

1. Corporation Name
4 ACRES TAVERN, INC.

Principal Place of Business Mailing Address
5210 NORTH FLORIDA AVENUE **5210 NORTH FLORIDA AVENUE**
HERNANDO FL 34442 **HERNANDO FL 34442**



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.		11/20/1998	
City & State		City & State		5. FEI Number	
Zip		Country		593542850	
				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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SHYNER, STANLEY	5210 NORTH FLORIDA AVENUE	HERNANDO FL 34442

600003040376--4
 11/03/99--01100--008
 ****200.00 ****150.00

10/11/99

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
SHYNER, STANLEY 5210 NORTH FLORIDA AVENUE HERNANDO FL 34442		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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 Stanley Shyner Date 10-27-99
 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: Stanley Shyner Date 10-27-99 352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 465-2835

CR25040 (8/99)

4 ACRES TAVERN, INC.
5210 North Florida Avenue
Hernando, FL 34442
Ph #: 352-465-7707

October 27, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

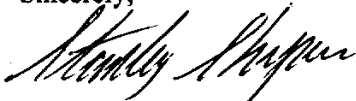
To Whom It May Concern:

This letter is to respectfully request that the penalties associated with the dissolution of our corporation be abated due to unusual circumstances. We are a new corporation, beginning business January 1, 1999, and were unaware of the renewal process. In addition to becoming a new business, our building burned in May of 1999 destroying all records and documents including the annual report. Since that time, we have spent endless hours simply trying rebuild what has been lost.

We have had no intention to dissolve and would like to reinstate our corporation, however payment of these penalties will produce a heavy financial burden.

If additional information is needed, please feel free to call. Thank you for considering our request.

Sincerely,



Stanley Shyner, President