

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
105026 PM 4:15

DOCUMENT # P99000007836

1. Corporation Name

S & L DUNLAP, INC.

Principal Place of Business

Mailing Address

1419 DEARBOURNE DR
WESLEY CHAPEL FL 33543

1419 DEARBOURNE DR
WESLEY CHAPEL FL 33543

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/21/1999

5. FEI Number

59-35596-30

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SHAWN M. DUNLAP	1419 DEARBOURNE DR.	WESLEY CHAPEL, FL. 3354
V	LUCY H. DUNLAP	1419 DEARBOURNE DR.	WESLEY CHAPEL, FL. 3354:
			800003459698--3
			11/09/00 01115--018
			****150.00 ****150.00
			AB 11/7

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DUNLAP, SHAWN M

1419 DEARBOURNE DR
WESLEY CHAPEL FL 33543

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Shawn M. Dunlap
REGISTERED AGENT MUST SIGN

Date 10-18-00

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:

SHAWN M. DUNLAP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00 813-994-0311

Date

Daytime Phone #



To whom it may concern,

THIS IS THE FIRST NOTIFICATION we have received
ON this matter. It is only our second year in
business and we have been trying hard to do
everything on a timely basis. We check the mail
daily and read everything thoroughly.

Shawn M. Dwyer

OWNER

Alley Cat's Cafe