

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE</b>
	<b>Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>

DOCUMENT # P99000009866

1. Corporation Name

Bacon & Wing, Inc.

2. Principal Office Address

1555 Fruitville Road

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/1/99

5. FEI Number

65-0895657

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas G. Wing

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

1555 Fruitville Road

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Thomas G. Wing*  
REGISTERED AGENT MUST SIGN

Date 10/8/01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Robert A. Bacon	1555 Fruitville	Sarasota, FL 34236
D	Thomas G. Wing	1555 Fruitville Rd.	Sarasota, FL 34236
D	William F. Harrity, Jr.	1555 Fruitville Road,	Sarasota, FL 34236

10. 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

10/8/01 (941) 371-2687

Date

Daytime Phone #

01 OCT 15 2001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

600004652700-0

-10/25/01-01030-014

\*\*\*\*150.000\*\*\*\*150.00

**BACON & WING, INC.  
1555 FRUITVILLE ROAD  
SARASOTA, FL 34236**

October 11, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

To Whom It May Concern:

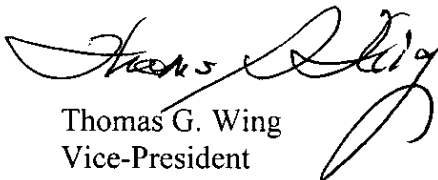
We have just been informed that our corporation was administratively dissolved on September 21, 2001.

We have no record of having received the forms. We have had many changes of bookkeeping personnel this year, so things might have gotten lost.

We are, therefore, requesting that you abate the \$600.00 penalty for failing to file on time.

Thank you for your consideration.

Sincerely,

  
Thomas G. Wing  
Vice-President