

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060573

1. Corporation Name
Pegasus Restaurant Concepts

W07-34056

2. Principal Office Address - No P.O. Box #

8875 Hidden River

Suite, Apt. #, etc. #125

Parkway

City & State

Tampa FL

Zip

33637

Country

3. Mailing Office Address

8875 Hidden

Suite, Apt. #, etc. Suite 125

River Parkway

City & State

Tampa FL

Zip

33637

Country

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

1.01.2000

5. FEI Number

593587694

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

MARIE LAMBERT

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

13812 LAKE POINT DRIVE

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marie Lambert

REGISTERED AGENT MUST SIGN

Date 7.10.07

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
P	Marie Lambert	13812 Lakepoint Dr	Clearwater FL 33762
VP	John Villano	6201 21st Ave N	St Petersburg FL 33710
ST	Walter Lambert	13812 Lakepoint Dr	Clearwater FL 33762

REINSTATEMENT 08-07

RH

600107440706
08/07/07--01028--001 **750.00

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 contained in Chapter 119, 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:

Marie Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.10.07 (813)972-1703

Date

Daytime Phone #

MARIE LAMBERT