

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 20 PM 3:16

DOCUMENT # P99000063564

1. Corporation Name

PARKWEST NIGHTCLUB CORP.

Principal Place of Business

Mailing Address

~~2710 SW 31ST AVENUE~~  
~~MIAMI FL 33133~~

~~2710 SW 31ST AVENUE~~  
~~MIAMI FL 33133~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

142 N.E. 11 STREET

Suite, Apt. #, etc.

MIAMI, FL

City & State

3. New Mailing Office Address, If Applicable

142 N.E. 11 STREET

Suite, Apt. #, etc.

MIAMI, FL

City & State

Zip

33132

Country

USA

Zip

33132

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/16/1999

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PUIG, LOUIS	2710 SW 31ST AVENUE	MIAMI FL 33133

8. Name and Address of Current Registered Agent

PUIG, LOUIS  
2710 SW 31ST AVENUE  
MIAMI FL 33133

9. Name and Address of New Registered Agent

Name

ROBERT JONES

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

142 N.E. 11 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33132

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-1-2000

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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/2000  
Date

305-372-9378  
Daytime Phone #

CR2040 (8/00)