

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070054

1. Corporation Name

GIGGLES COMEDY CLUBS, INC.

2. Principal Office Address

Suite, Apt. #, etc.

P.O. BOX 6066

City & State

HUDSON, FL

Zip

34674

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

PO BOX 6066

City & State

HUDSON, FL

Zip

34674

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/6/99

5. FEI Number

59-3607365

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

FRED L THOMAS

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

14318 TENNYSON DRIVE

Suite, Apt. #, Etc.

City

BAYONET POINT

State

FL

Zip Code

34667

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

Fred L. Thomas

Date 6/10/03

REGISTERED AGENT MUST SIGN

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
PRESIDENT	FRED L. THOMAS	14318 TENNYSON DRIVE	BAYONET POINT, FL 34667
SECRETARY	CAROLYN STRAUSS THOMAS	14318 TENNYSON DRIVE	BAYONET POINT, FL 34667

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:

Fred L. Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/03
Date

727-434-0483
Daytime Phone #

CSC

CORPORATION SERVICE COMPANY™

2612

ACCOUNT NO. : 072100000032

REFERENCE : 129390 7190533

AUTHORIZATION :

COST LIMIT : \$ 900.00 *Patricia Pignatelli*

ORDER DATE : June 12, 2003

ORDER TIME : 10:38 AM

ORDER NO. : 129390-005

CUSTOMER NO: 7190533

CUSTOMER: Mr. Fred L. Thomas
Mr. Fred L. Thomas
Suite 510-225
2519 McMullen Booth Road
Clearwater, FL 33761-4174

DOMESTIC FILINGS

NAME: GIGGLES COMEDY CLUBS, INC.

RECEIVED
08 JUN 13 AM 11:44
DIVISION OF CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____