

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -8 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000096252

**1. Corporation Name**

Pappy's Place of Vero Beach, Inc.

**2. Principal Office Address**

2050 11th Avenue

Suite, Apt. #, etc.

City & State

Vero Beach, FL

Zip

32960

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

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

11/2/99

**5. FEI Number**

59-3609039

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03-04**

**7. Name and Address of Current Registered Agent**

Name

Coastal Corporate Services, Inc.

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

1701 Highway A-1-A, Suite 220

Suite, Apt. #, Etc.

City

Vero Beach

State

FL

Zip Code

32963

200037720332  
06/07/04--01029--014 \*\*900.00

**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

*Jonette Granberg*  
REGISTERED AGENT MUST SIGN

Date

5/10/04

**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
PSTD	Luis C. Gutierrez	461 Biscayne Lane	Sebastian, FL 32958
VP	Martha O. Gutierrez	461 Biscayne Lane	Sebastian, FL 32958

**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:

*Luis C Gutierrez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-04

Daytime Phone #

CR2E01 (01/04)