

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 AUG 30 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V44639

1. Corporation Name

FINNEGAN'S TO-JO PUB, INC.

Principal Place of Business

101 N. HWY. A1A  
FLGLER BCH. FL 32136  
US

Mailing Address

P. O. BOX 1855  
FLGLER BCH. FL 32136  
US

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



REINSTATEMENT

98-00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3128179

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	FINNEGAN, TIM	329 NORTH 11TH STREET	FLGLER BEACH FL
			500003384775--2 09/07/00 01013-009 ***1058.75 ***1058.75
			LS

8. Name and Address of Current Registered Agent

NORTON, JOHN S. JR. P.A.  
431 NORTH GRANDVIEW AVENUE  
DAYTONA BEACH FL

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date Nov 17, 1998

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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

Date

8/28/00

Daytime Phone #

CR2E040 (9/98)