

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB 11 PM 12:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M92962**

1. Corporation Name

**Uncle Fat's, Inc.**

2. Principal Office Address

**8745 TEMPLE TERRACE HWY**

Suite, Apt. #, etc.

City & State

**TAMPA FL**

Zip

**33637**

Country

**USA**

3. Mailing Office Address

**8745 TEMPLE TERRACE HWY**

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

Zip

**33637**

Country

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**8/05/88**

5. FEI Number

**59-2930805**

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

**EUGENE WAGNER**

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

**6916 LYNWOOD DRIVE**

Suite, Apt. #, Etc.

City

**TAMPA, FL**

State

**FL**

Zip Code

**33637**

~~200003171942-8~~

~~-03/16/00--01012--015~~

~~\*\*\*300.00 \*\*\*300.00~~

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

*Eugene Wagner Pres*

REGISTERED AGENT MUST SIGN

Date

**2-4-00**

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
PRES	EUGENE WAGNER	6916 LYNWOOD DR	TAMPA FL 33637
VICE-PRES	CAROL WAGNER	6916 LYNWOOD DR	TAMPA FL 33637
VICE-PRES	JOHN GEGG	8304 TUPELO DR	TAMPA FL 33637

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:

*Eugene Wagner Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-4-00**

Date

**813987-2382**

Daytime Phone #

CR2E081 (9/99)

DO NOT REMOVE!

5

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Eugene Wagner, Pres  
Uncle Fats, Inc.  
8745 Temple Terrace Hwy.  
Tampa, FL 33637

Dear Sir/Madam,

Upon negotiating a new lease for Uncle Fats, Inc. I was shocked to learn that the corporation had been dissolved upon information provided by the landlord's attorneys. Neither I or any other personnel from Uncle Fats received any notices for corporation renewal the past year of 1999. Any taxes from the State are usually paid as soon as they are determined to be valid.

I myself deliver all paperwork to our accountant Dennis M. Brownlee, CPA. Dennis is signing below to verify that he has not received any notices either.

Upon contacting the Department of State, my accountant was told by your personnel that upon filling out the enclosed form and sending a \$300.00 check, this would be sufficient to reinstate Uncle Fats, Inc. for the years 1999 and 2000.

I certainly appreciate the opportunity to correct the problem of reinstatement. The form and the check for \$300.00 are enclosed.

  
Eugene Wagner, President

  
Dennis M. Brownlee, CPA