

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
59A
 REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT 22 AM 11:55

DOCUMENT # **607643**

1. Corporation Name
CRYSTAL LAKES LIQUOR AND WINE, INC.

Principal Place of Business 813 W SAMPLE ROAD POMPANO BEACH FL 33064	Mailing Address 813 W SAMPLE ROAD POMPANO BEACH FL 33064
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 01/24/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1884590	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GILANI, NAZINA	813 W SAMPLE RD	POMPANO BEACH FL 33064
VP	GILANI, MALLEH <i>M/M HEDT</i>	10120 NW 36ST #5	CORAL SPRINGS FL 33064
			300003033073--9 -11/02/99--01099--009 ***150.00 ***150.00

10/25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GILANI, NAZINA 813 W SAMPLE RD POMPANO BEACH FL 33064		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Malleh Gilani* (REQUIRE) Date: **10/26/99**
 REGISTERED AGENT MUST SIGN

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: *Malleh Gilani* (REQUIRE) Date: **10/26/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/99)

CRYSTAL LAKES LIQUOR AND WINE, INC.
813 W. Sample Road
Pompano Beach, Florida 33064

October 20, 1999

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


Dear Sir/Madam:

Please note that due to the change in ownership, I the undersigned, affirmatively state that I have not received corporate annual renewal notice(s).

Kindly accept this as report timely filed.

Thank you very much.

Sincerely,


Mahedi K. Gifani
President