PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # **706019**

1. Corporation Name

ALCOHOLIC SERVICE CENTER INC

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****236.25 ****236.25

Principal Place of Business	Mailing Address
20 W. 4TH ST JACKSONVILLE FL 32206 US	20 W. 4TH ST JACKSONVILLE FL 32206 US

REINSTATEMENT 99

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 08/09/1963
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. FEI Number 59-2919095 / Applied For / Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐ / $8.75 Additional Fee required for a Certificate of Status
Zip / Country	Zip / Country	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MAHONE, BARBARA	6247 CREETOWN DR.	JACKSONVILLE FL
VD	WEATHERLY, BEN	4560 HIGHWAY AVE	JACKSONVILLE FL
SD	CARTER, RICHARD	1733 PEARL ST	JACKSONVILLE FL
T	BURROWS, T W	128 SEMINOLE RD	ATLANTIC BEACH FL
D	WEAVER, LAWRENCE	4 OCEAN TRACE RD 123	ST AUGUSTINE FL 32084
D	GANN, JIMMY	5844 JUSTINA CT APT 8	JACKSONVILLE FL 32211

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MAHONE, BARBARA 6247 CREETOWN DRIVE JACKSONVILLE FL 32216	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CRZE040 (8/99)

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 _Barbara Mahone_   Date 10-17-99

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: _BARBARA MAHONE Barbara Mahone 10-17-99_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

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