

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

00 DEC 11 PM 5:07

DOCUMENT # **706019**

1. Corporation Name

ALCOHOLIC SERVICE CENTER INC

Principal Place of Business

Mailing Address

20 W. 4TH ST
JACKSONVILLE FL 32206
US

20 W. 4TH ST
JACKSONVILLE FL 32206
US



REINSTATEMENT

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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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/09/1963	
City & State		City & State		5. FEI Number	
Zip		Country		59-2919095	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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.	100003509271-4
	City	****245, State ****245.00 FL

CR2E040 (8/00)

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* **SIGNATURE REQUIRED** Date 11-1-00
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* **SIGNATURE REQUIRED** Date 11-1-00 Daytime Phone # 904-724-2861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA MAHONE