

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **706019**

1. Corporation Name

ALCOHOLIC SERVICE CENTER INC

Principal Place of Business

20 W. 4TH ST
 JACKSONVILLE FL 32206
 US

Mailing Address

20 W. 4TH ST
 JACKSONVILLE FL 32206
 US

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

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2001

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 HOAG, ROBERT	4560 HIGHWAY AVE 8079 VILLAGE GATE CT	JACKSONVILLE FL JAY, FL 32217
SD	CARTER, RICHARD SMOYER, WES	1700 PEARL CT 305 N. WASHINGTON ST	JACKSONVILLE FL JAY, FL 32202
T	BURROWS, T W O'BRIAN ENIO	120 GEMINOLE RD 1423 SAN MARCO BLVD	ATLANTIC BEACH FL JAY, FL 32207
D	WEAVER, LAWRENCE WALDEN, CHRIS	4 OCEAN TRACE RD 123 1563 EVANS DR So.	ST AUGUSTINE FL 32084 JAY, BEACH 32250
VD	GANN, JIMMY	5844 JUSTINA CT APT 8	JACKSONVILLE FL 32211

8. Name and Address of Current Registered Agent

MAHONE, BARBARA
 6247 CREETOWN DRIVE
 JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

SAME

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

SAME

Suite, Apt. #, Etc.

City

SAME

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.

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****236.25 ****236.25

Signature of Registered Agent

Barbara Mahone

REGISTERED AGENT MUST SIGN

Date

10-13-01

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-01

Date

904-724-2868

Daytime Phone #

CR2E040 (8/01)