

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 APR -1 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 826105

1. Corporation Name

Star Liquor Imports, Inc.

Principal Place of Business: 2 Gannett Drive, White Plains, NY 10604
Mailing Address: 2 Gannett Drive, White Plains, NY 10604

REINSTATEMENT ab-97

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.		4/30/71	
City & State		City & State		5. FEI Number	
Zip		Country		11-1986998	
				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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Dir/Pres	Martin Silver	2 Gannett Drive	White Plains, NY 10604
Dir/Sec	Phyllis Gelles	2 Gannett Drive	White Plains, NY 10604
VP/Trs	Stephen Gelles	2 Gannett Drive	White Plains, NY 10604
			700002131487--0 -04/02/97--01076--018 *****915.00 *****915.00
			700002131487--0 -04/02/97--01076--019 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name CT Corporation System	
		Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		Suite, Apt. #, Etc.	
		City Plantation	State FL
		Zip Code 33324	

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: Connie Bryan **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date: 4/1/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: Stephen Gelles Stephen Gelles, V.P. 3/28/97 (914)696-1430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)