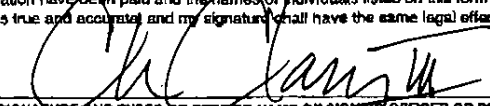


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 09 JUN 12 AM 6:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 248975 1. Corporation Name Variety Liquors, Inc.					
2. Principal Office Address - No P.O. Box # 1241 Airport Rd Suite, Apt. #, etc. Suites A# B		3. Mailing Office Address PO BOX 778 Suite, Apt. #, etc.		100157101471 06/12/09--01084--010 **450.00 REINSTATEMENT 07-09	
City & State Destin, FL Zip 32541		City & State Shalimar, FL Zip 32579		4. Date Incorporated or Qualified To Do Business in Florida 06/30/1961 5. FEI Number 59-0858868 Applied For ☐ Not Applicable	
Country US		Country US		6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status.	
7. Name and Address of Current Registered Agent Name Charles W. Clary, III Street Address (P.O. Box Number is Not Acceptable) 1241 Airport Rd. # Suite, Apt. #, Etc. Suites A# B City Destin State FL Zip Code 32541					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 6/3/09 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
PP	Charles W. Clary, III	1241 Airport Rd Suites A# B	Destin, FL 32541		
10. 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 contained in Chapter 119, 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: 		Date 6/3/09 Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

850-837-9550