

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 330027

1. Corporation Name

Gnann's Liquors, Inc.

2. Principal Office Address

5160 Las Verdes Circle

Suite, Apt. #, etc.

Apt. 311

City & State

Delray Beach, FL

Zip

33484

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02-04

600035808046  
05/10/04--01050--021 \*\*1050.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-1223872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Donald J. Thomas

Street Address (P.O. Box Number is Not Acceptable)  
1200 N. Federal Highway

Suite, Apt. #, Etc.  
Suite 312

City

Boca Raton

State  
FL

Zip Code  
33432

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

REGISTERED AGENT MUST SIGN

Date 5/4/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.D	Tomalin, Gnann	5160 Las Verdes Circle, Apt. 311.	Delray Beach, FL 33484

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 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:

*Tomalin Gnann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/04

Date

Daytime Phone #

561-865-2702