


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 APR 23 PM 1:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H04537

1. Corporation Name  
LIQUOR DEPOT, INC.

2. Principal Office Address  
1715 N 50TH STREET

3. Mailing Office Address  
3303 W MORRISON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip Country  
33619 USA

Zip Country  
33629 USA

4. Date incorporated or Qualified To Do Business in Florida 05/22/1984

5. FEI Number  
59-2422804

Applied For  
Not Applicable

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

4300-00  
**REINSTATEMENT 03-04**

7. Name and Address of Current Registered Agent

Name  
DOUG LACROSSE

Street Address (P.O. Box Number is Not Acceptable)  
3303 W MORRISON AVE

600835700096  
05/07/04--01085--010 \*\*900.00

Suite, Apt. #, Etc.

City  
TAMPA

State  
FL

Zip Code  
33629

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

*Doug Lacrosse*

REGISTERED AGENT MUST SIGN

Date 04-22-04

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
PST	DOUGLAS LACROSSE	3303 W MORRISON AVE	TAMPA FL 33629
D	DOUGLAS LACROSSE	3303 W MORRISON AVE	TAMPA FL 33629

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:

*Doug Lacrosse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-04

Date

Daytime Phone #

CR2E081 (01/04)

155

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TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVISED THAT FOR ANY REASON WE DID NOT RECEIVE THE ANNUAL REPORT FORM FOR 2003 & 2004. AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY FURTHER QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT US.

CORDIALLY,

  
\_\_\_\_\_  
DOUGLAS LACROSSE  
PRESIDENT