

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **154109**
1. Corporation Name
TRU-DOR LIQUORS, INC.

FILED

98 FEB 13 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**303 W. McClenny Ave.
Macclenny, FL 32063**

Mailing Address
**c/o Marvin E. Truluck
22628 81st Road
O'Brien, Florida 32071**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 4/22/85	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2518420	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT *aw-98*

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
P-D S-T	Marvin E. Truluck	22628 81st ROAD	O'Brien, FL 32071
			3000002434353--1 -02/18/98--01075--001 ***1050.00 ***1050.00
			3000002434353--1 -02/18/98--01075--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**Joyce K. Truluck
22628 81st Road
O'Brien, Florida 32071**

9. Name and Address of New Registered Agent

Name
Marvin E. Truluck

Street Address (P.O. Box Number is Not Acceptable)
22628 81st Road

Suite, Apt. #, Etc.

City
O'Brien

State
FL

Zip Code
32071

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 *Marvin E. Truluck*
REGISTERED AGENT MUST SIGN

Date **2-9-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: *Marvin E. Truluck*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-9-98**

Daytime Phone #