PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

02 MAY 30 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/10/02--01082--021
***1208.75 ***1208.75

DOCUMENT # H54109

1. Corporation Name
TRU-DOR LIQUORS, INC

2. Principal Office Address	3. Mailing Office Address
303 W. Macclenny Ave	303 W. Macclenny Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Macclenny FL	City & State: Macclenny FL
Zip: 32063 Country: USA	Zip: 32063 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 4/22/85 1985

5. FEI Number 59-2518420 Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name: MARVIN E. TRUCK

Street Address (P.O. Box Number is Not Acceptable): 22628 81ST Rd

Suite, Apt. #, Etc.:

City: O'BRIEN State: FL Zip Code: 32071

1050.00-Acm
61.25-AR
88.75-ARSupp

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 Marvin E Truck Date
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PRES	MARVIN E. TRUCK	22628-81ST Rd.	O'BRIEN, FL 32071
		91-02	

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: MARVIN E. TRUCK Marvin E Truck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-386-935-0545
Daytime Phone #