

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 # J99943		FILED 98 SEP 14 AM 9:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Shalimar Liguors Inc.		REINSTATEMENT	
Principal Place of Business 420 Eglin Parkway Fort Walton Beach, Fla 32547		Mailing Address P.O. Box 75 Shalimar, Fla 32579	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida 1988	
		5. FEI Number 59-2853906	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
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
Pres	F. W. Stallworth Jr	516 Manchester Rd, F	Fort Walton Bch FL 32547
VP	Joseph Way	484 Aleta Ave	Mary Esther FL 32569
Secy Tre	Shirley Temple	516 Manchester Rd	Fort Walton Bch, FL 32547
			100002640661--0 -09/16/98-01034-011 ***1895.00 ***1895.00
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Joseph Way		Name Joseph Way Street Address (P.O. Box Number is Not Acceptable) 484 Aleta Ave Suite, Apt. #, Etc. City Mary Esther State FL Zip Code 32569	
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 Joseph Way REGISTERED AGENT MUST SIGN		Date 09-09-98	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: Joseph Way SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 09-09-98 Daytime Phone # 862-9165	