APPLICATION FOR STATE Sandra B. Mortham Secretary of State Sandra B. Mortham Secretary of State Division of Conference and Secretary of State Tallians Secretary of	PLEASE READ ALL INSTRUCTIONS BEFORE COM	API ETING THIS FORM
DOCUMENT # J99943 1 Corporation Name Shalimar Liquors Inc.  98 SEP 14 AM 9: 38  SECRETARY OF STALL TALLAHASSEE, FLURID.  Frincipal Proce of Business 420 EgyLin Parkway Shalimar, Flag 3579  Fort Walton Beach, Flag 32579  If above oddresses are incorrect in any way, inc Proping incorrect Information and enter correction below.  1 If above oddresses are incorrect in any way, inc Proping incorrect Information and enter correction below.  2 Now Principal Office Address   Papping 200   200	APPLICATION FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State	
Frencipal Place of Business  A20 EgLin Parkway Shallmar, Flasty Fort Walton Beach, Fla 32579  Fort Walton Beach Florida  Suite, Apil 11, etc.  City & State  Zip  Country  Country  Fort Walton Beach Florida  Name of Cliffords  Brief Marchester Rd, Fr.  Fort Walton Behr Fl 32589  Fort Walton Behr Fl 32589  Sec Shirley Temple  Sto Marchester Rd, Fr.  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Sto Marchester Rd  Fort Walton Beh, Fl 32589  Sec Shirley Temple  Store Address of Current Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Store Address of New Registered Agent  Name Jospon Way  Date Offices Address of New Registered Agent  Name Jospon Way  Date Offices Address of New Registered Agent  Name Jospon Way  Date Offices Address of New Registered Agent  Date Offices Address of New Registered Agen		
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To the Walten   Beach   Fla   32547   1800	420 Eglin Parkway Shalimar, Fla	REINSTATEMENT
2. New Principal Office Address, If Applicable  Suite, Apt. #. ofc.  Suite, Apt. #. ofc.  Suite, Apt. #. ofc.  City & State  Zip  Country  Country  T. Names and Street Addresses of Each Officer and/or Directors  Title(6)  Title(6)  The State Street Addresses of Each Officers and/or Directors  Sure Address of Each Officers and/or Directors  Title(6)  Title(6)  Suite, Apt. #. ofc.  Suit	Fort Walton Beach, Fla 32547 32317	08-98
Suite, Apt #, ctc.  Suite, Apt #, ctc.  Suite, Apt #, ctc.  Since   Applied for   Applied for   S. F. El Number   S. F. 2853906   Applied for   S. F. S. Stallworth   S. F. S. Stallworth   S. Street Address of Each Officer and/or Directors   Street Address of Each Officer and/or Director   City / Stale / Z.p.    F. N. Stallworth   S. F. Manchester Rd, F. Fort Walton Sch Fl 3259   F. N. Stallworth   S. F. Manchester Rd, F. Fort Walton Sch Fl 3259   S. F. S. Stallworth   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 3259   S. F. Manchester Rd   Fort Walton Sch Fl 32569   S. F. S. Sitie Z.p. Code   F. Manchester Rd   S. Stale Z.p. Code   F. Manche		Date Incorporated or Qualified AD
City & State  Zip  Country  Street Address of Each Officer and/or Director (Flords nonprofit corporations must lest at least 3 directors)  Name of Officers  Name of	Suite, Apt. #, etc.	To Do Business in Florida 1988
2p Country Zip Country  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers and/or Directors  Name of Officers and/or Director of Officers and/or Di	5. F	Applied for
Title(s) 2 Name of Officers and/or Directors 3 (Street Address of Each Officer and/or Director of (Do NOT Use Post Office Box Numbers) 4 City / State / Zip  Fres F. N. Stallworth Jr 5/6 Manchester Rd, Fr Fort Walton Ach Flauss  VP Joseph Way 484 Aleta Ave Mary Esther Flauss  Sec Shirley Temple 516 Manchester Rd Fort Walton Beh, Flauss  Ine Shirley Temple 516 Manchester Rd Fort Walton Beh, Flauss  100002E40E51 - 0  -03/16/98-01034-011  ***1895.00 ***1895.00  8. Name and Address of Current Registered Agent  Name Joseph Way  Street Address (Pollow Number is Not Acceptably)  Wary Esther  FL 32569  10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent  Date 09-09-98	Zip Country Zip Country 6,	\$8.75 Additional Fee required
Title(s) 2 and/or Directors 3 College and/or Directors 4 City/ State / Zip  Fres F. N. Stallworth Jr 5/6 Manchester Rd, Fr Fort Walton Sch Flass  VP Joseph Way 484 Aleta Ave Mary Esther Flass  Sec Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Tree Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Temple 516 Manchester Rd Fort Walton Sch. Flass  Inc. Shirley Fortunation Sch. Flass  Inc. Shirley Fortunation Sch. Flass  Street Address of New Registered Agent Street Address (P.O.) Box Number is Not Accordably 19 Street Address (P.O.) Box Number is Not Accordably 19 State 210 Code FL 32569  Inc. I, being appointed the registered agent of the above named corporation, em familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Fegistered Agent Paceph Way Date 09-09-98		irectors)
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8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptably)  Suite, Apt. #, Etc.  City Code  Wary Esther  10. 1, 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  Date  09-09-98	Sec Shirley Temple 516 Marchester R	d Fortwalton Beh, Fl 325
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Signature of Registered Agent Date 09-09-98	Mary Est	rec   FL   32569
	Signature of	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No (See other side for information on intangible tax.)	11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	
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 filling		
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.		
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SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Dayling Phone #		