

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12529

1. Corporation Name

PATS LIQUORS, INC.

Principal Place of Business

4870 HIGHWAY AVE.
JACKSONVILLE FL 32205

Mailing Address

4870 HIGHWAY AVE.
JACKSONVILLE FL 32205

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country
32254-3734

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country
32254-3734

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1989

5. FEI Number

59-2971753

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SMITH, THOMAS L, SR.	4538 PLYMOUTH ST	JACKSONVILLE FL
D	SMITH, NANCY S.	4538 PLYMOUTH ST	JACKSONVILLE FL
D	ALLbritton, Lavon	RT. 16, Box 624	Lake City, FL 32055

500009155175
11/21/02--01103--006 **150.00

8. Name and Address of Current Registered Agent

SMITH, THOMAS L, SR
4538 PLYMOUTH STREET
JACKSONVILLE FL 32254

9. Name and Address of New Registered Agent

Name
ALLbritton, Lavon
Street Address (P.O. Box Number is Not Acceptable)
RT. 16, Box 624
Suite, Apt. #, Etc.

City Lake City State FL Zip Code 32055

CR2040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

X SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-15-02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-02

Date

Daytime Phone #

Pat's Liquors, Inc.
4870 Highway Avenue
Jacksonville, FL 32254-3734

November 14, 2002

Division of Corporations
Annual Report Reinstatement Section
Po Box 6327
Tallahassee, FL 32314

Re: Pat's Liquors, Inc.
Document L12529
Reinstatement of Corporation

Gentlemen,

We did not receive the 2002 Uniform Business Report for the current year by mail. We noticed that you are using a zip code which is incorrect. The only notice that we received was in October 2002 and it was the Notice of Administrative Dissolution or Revocation. We are attaching the Application for Reinstatement which we received with the above mentioned notice and are sending \$150.00. Please accept our check and reinstate our corporation.

Sincerely,

X 

Lavonne Allbritton, Pres.

Lavon