## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# L77633

Entity Name: CROSSINGS LIQUORS, INC.

FILED May 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% CATHY FERNEY % CATHY FERNEY 5503 FRUITVILLE RD #911 232 HIDDEN BAY DR. # 602

SARASOTA, FL 34232 OSPREY, FL 34229

Current Mailing Address: New Mailing Address:

 % CATHY FERNEY
 % CATHY FERNEY

 5503 FRUITVILLE RD #911
 232 HIDDEN BAY DR. # 602

 SARASOTA, FL 34232
 OSPREY, FL 34229

FEI Number: 65-0197383 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FERNEY, CATHY
5503 FRUITVILLE RD
SPACE #911
SARASOTA, FL 34232 US

FERNEY, CATHY
232 HIDDEN BAY DR. # 602
OSPREY, FL 34229 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CATHY FERNEY 05/06/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS ( ) Delete Title: DPS (X) Change ( ) Addition

 Name:
 BUIVYONE, ROMAS
 Name:
 FERNEY, CATHY A

 Address:
 8395 SHADOW PINA WAY
 Address:
 232 HIDDEN BAY DR. #602

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:
 OSPREY, FL 34229

Title: Title: DVT (X) Change ( ) Addition () Delete RKKARDEAN, DAINE ALBRITTON, MARYJANE Name: Name: 3458 YONGE DR 4430 CAICOS CT. Address: Address: SARSOTA, FL 34295 SARSOTA, FL 34233 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: DV ( ) Change (X) Addition

 Name:
 Name:
 LISKO, JANET

 Address:
 Address:
 7895 KAVANAUGH CT

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY FERNEY DPS 05/06/2005