

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

00 APR -6 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **1N94000002503**

1. Corporation Name

Florida Licensed Beverage Association, Inc.

000003215270--4

-04/19/00--01099--018

****428.75 ****428.75

2. Principal Office Address

1331 E. Lafayette St. Suite C

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32301

Country
USA

3. Mailing Office Address

1331 E. Lafayette St. Suite C

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip
32301

Country
USA

REINSTATEMENT 17-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/94

5. FEI Number

22-3309591

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES A. Greer

Street Address (P.O. Box Number is Not Acceptable)

1331 E. Lafayette Street

Suite, Apt. #, Etc.

Suite C

City

Tallahassee

State
FL

Zip Code
32301

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

James A. Greer

REGISTERED AGENT MUST SIGN

Date 4/6/00

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
PD	JAMES A. Greer	1331 E. Lafayette St. Suite C	TALL. FL 32301
D	HAROLD F. X. Purnell	1331 E. Lafayette St. Suite C	TALL. FL 32301
D	John Harris	315 S. Calhoun St.	TALL. FL 32301

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:

James A. Greer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
Date

850) 671-2250
Daytime Phone #

KE

CR2E081 (9/99)