

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

02 FEB 26 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 00000022284

1. Corporation Name

CITY LIQUORS, INC

2. Principal Office Address

3430 S. Seacoast Blvd

Suite, Apt. #, etc.

City & State

Homosassa, FL

Zip

Country

34448-2320

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

0102

4. Date Incorporated or Qualified  
To Do Business in Florida

3/03/2000

5. FEI Number

59-3629656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MR KIRANKUMAR A. PATEL

800005073908-7

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

3430 S. Seacoast Blvd.

-03/08/02--01074--012

\*\*\*\*900.00 \*\*\*\*900.00

Suite, Apt. #, Etc.

City

Homosassa

State

FL

Zip Code

34448-2320

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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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
P	MR KIRANKUMAR A. PATEL	3430 S. Seacoast Blvd.	Homosassa, FL 34448

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02

Date

352-628-2823

352-220-0802

Daytime Phone #

CR2E081 (9/01)