

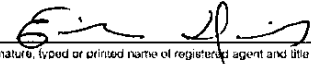
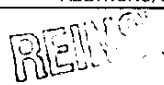
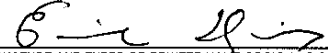


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| DOCUMENT # P01000085940   |  |  |  |             |  | <b>FILED</b><br>05 OCT 10 PM 2:27<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |
| 1. Entry Name<br>SEBASTIAN LIQUORS, INC.  |  |  |  |  |  |   |  |
| Principal Place of Business<br>5388 W. 16 AVENUE<br>HIALEAH, FL 33012   |  | Mailing Address<br>5388 W. 16 AVENUE<br>HIALEAH, FL 33012  |  |            |  |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |  |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |   |  |
| City & State  |  | City & State   |  | 10062005 REIN-P CR2E098 (6/04)   |  | 4. FEI Number<br>65-1134734   |  |
| Zip   |  | Country  |  | Zip  |  | Country   |  |
| 6. Name and Address of Current Registered Agent   |  |  |  | 7. Name and Address of New Registered Agent  |  |   |  |
| DENIS, ERIC<br>1910 W. 56TH STREET #3424<br>HIALEAH, FL 33012   |  |  |  | Name   |  |   |  |
|   |  |  |  | Street Address (P.O. Box Number is Not Acceptable)   |  |   |  |
|   |  |  |  | City   |  | FL  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |  |  |  |  |   |  |
| SIGNATURE    |  |  |  | DATE   |  |   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |  |  |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |  |  |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | PSD<br>DENIS, ERIC<br>3173 W 79 DRIVE<br>HIALEAH, FL 33016 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 800060580208<br>10/13/05--01051--00679 10/13/05   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete                            |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |  |  |  |   |  |
| SIGNATURE:   |  |  |  | Date: 10-6-05  |  | Daytime Phone #   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |  |  |  |   |  |
| ERIC DENIS - PRESIDENT  |  |  |  |  |  |   |  |