2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT													
DOCUMENT # P01000085940 1. Entity Name SEBASTIAN LIQUORS, INC.							FIL 5 OCT I	0 PH 2:27	?				
Principal Place of Business Mailing Address							et Carlon	. eĭ oph	ī				
5388 W. 16 HIALEAH, FL	AVENUE	5	5388 W. 16 AVENUE HIALEAH, FL 33012	5388 W. 16 AVENUE			TALLAHAS	SEE, FLORID	, K				
2. Principal P		1088	3. Malling Address										
Suite, Apt,	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			10062005	REIN-P	CR2E0	98 (6/04)			
City & State	e		City & State	City & State			4. FEI Numbe 65-1134				plied For t Applicable		
Zip		Country	Ζίρ	Zip Coun			5. Certificate	of Status Desired		8.75 Add			
	6. Name	and Address of Curre	ent Registered Agent	egistered Agent			7. Name and Address of New Registered Agent						
						Name							
DENIS, ERIC 1910 W. 56TH STREET #3424 HIALEAH, FL 33012					Street Ad	Street Address (P.O. Box Number is Not Acceptable)							
					City FL Zip Code						э		
8. The above	named entit	y submits this statemen	ed office or r	register	red agent, or bot	n, in the State of Flor	ida. Lam fa	amiliar with,	and accept				
the obligations of registered agent.													
SIGNATURE Signature formed or ordinary parts of projectively sport and life is undership. (NOTE: Projective Applications Applications and placetime and plac													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstatting) DATE													
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior prince.											F.S., the		
10.		OFFICERS A	ND DIRECTORS	11.			ADDITIONS/	CHANGES TO OFFIC	CERS AND	DIFFORM	Nish-		
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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: 6 - 10-6-05													
SIGNAT	OKE: _	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR			0-6-05 Date		utima Chana A	-		