2005 FOR PROFIT CORPORATION

REINSTATEMENT													
DOCUMENT # P01000085940							8	FIL	ED				
1. Entity Name SEBASTIAN LIQUORS, INC.							劉		O PH 2: 2	7			
(7 0						
Principal Place of Business Mailing Address							\dashv	SFCINE - FI	SEE, FĽÖRI	E NA			
5388 W. 16 AVENUE				5388 W. 16 AVENUE			ţ	ALLAHAS	Ske, redim				
HIALEAH, FL 33012				HIALEAH, FL 33012									
2. Principal Place of Business				3. Mailing Address									
				City And Harris				1 1881/1881 10	BYBY IIBII BBIYA BBYII BBI		YIN ISTIII OTONI OOTI	JEE1 11 1831	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10062005	REIN-P	CR2E	098 (6/04)		
City & State				City & State				4. FEI Number 65-1134				plied For t Applicable	
Zip	Country			Zip	ntry		5. Certificate of Status Desired \$8.75 Additional				itional		
6. Name and Address of Current F				egistered Agent				7. Name and Address of New Registered Agent					
						Name							
DENIS, ERIC 1910 W. 56TH STREET #3424						Street Address (P.O. Box Number is Not Acceptable)							
HIALEAH, FL 33012													
						City				FL	Zip Code	,	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.											and accept		
_	ions or regis	lered agent.	. (ا ر	- 1									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature required when reinstatting) DATE													
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the													
		06, Fee will						corporation did	not receive	• the prior p	office.		
10.	Laca	OFFI	CERS AND D		11.			ADDITIONS/	CHANGES TO OFF	ICERS AND		SIN M	
TITLE NAME	PSD DENIS, E	RIC		☐ Delete	TITL NAM	-	[Đ			V =	"☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	3173 W 7	9 DRIVE , FL 33016				EET ADDRESS (-ST-ZIP	ПЛ	IPAC.					
TITLE	HIALEAN	, FL 33010		☐ Delete	TITL						☐ Change	Addition	
NAME STREET ADDRESS					NAM	AE EET ADDRESS		90	າດຕຣຸດຈ		208		
CITY-ST-ZIP						/-ST-7IP		10713.		00\$	孙规	\$75	
TITLE NAME				☐ Delete	TITL NAM	1					☐ Change	Addition	
STREET ADDRESS						EET ADORESS							
CITY-ST-ZIP				C Bulan		Y-ST-ZIP					Charge	- Addition	
TITLE NAME				☐ Dolete	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS Y-ST-ZIP							
TITLE				☐ Delete	nn.	.E.					☐ Change	Addition	
NAME STREET ADDRESS					HAN STR	AE EET ADDRESS							
City-St-ZIP						r-st-zip							
TITLE Name				Delete	TITI NAM						☐ Change	☐ Addition	
STREET ADDRESS					\$TR	EET AODRESS						1	
12. I hereby	certify that th	e information si	upplied with th	nis filing does not qualify l		r-ST-ZIP emption stated i	in Sec	otion 119.07(3)(i), Florida Statutes.	I further cer	tify that the ir	formation	
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.													
· ·		acininent with a	ii addiess, Wil	TO .	u.				.]	
SIGNATURE: 10-6-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #													