

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 23 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000090430

1. Corporation Name

W. M. A. S. WINE &
Spirits, Inc

2. Principal Office Address - No P.O. Box #

2695 Capital Circle NE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

Zip

Country

900185785439
09/23/10--01004--008 **\$00.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/2001

5. FEI Number

59.3745112

☐ 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

ANDREI SHIRIAEV

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

2943 Royal Palm Way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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

REGISTERED AGENT MUST SIGN

Date 9/23/10

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
VD	Russell, Clayton	1112 Laguna Ln	Gulf Breeze, FL 32563
Pres DR	Shiriev, Andrei	2943 Royal Palm Way	Tallahassee FL 32309

10. E-mail Address: Killearnliquors@comcast.net

(To be used for future annual report notification)

11. 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. I further certify, 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]

Andrei Shiriev

9/23/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/23/10