PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	DRATION ATEMENT		TMENT OF STA y of State orporations	TE		0(SE	FILED FEB 10 PH 4	: 10
DOCUMENT # PO1000103957 1. Corporation Name OLIVER IMPORTS SPIRITS & Liqueurs, Inc.					SECRE : ARY OF STATE TALLAHASSEE. FLORIDA 500065816515 02/14/0601016002 **458.75			
	SW 34th St.	3. Mailing Office Address 6210 SW 34 th ST. Suite, Apt. #, etc.			EINSTATENENT 04-00			
City & State Mi A Mi Zip		City & State Mi A Mi , F L Zip Country			4. Date Incorporated or Qualified To Do Business in Florida OCT 200 5. FEI Number Applied For			
33155	USA	33155	USA		CERTIFICATE	OF STATU	S DESIRED S8.75 Add for a Cel	tional Fee required tificate of Status
7. Name and Address of Current Registered Agent								
Name AUGUSTO R. LOFEZ Street Address (P.O. Box Number is Not Acceptable) G210 SW 3Y ST. Suite, Apt. #, Etc. City MiAMi State Zip Code FL 33155								
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 PAR 07, 2006								
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
PRES A	Name of Officers and/or Directors - AUGUSTO R. LOPEZ		Street Address of Each Officer and/or Director			miami, FL 33155		

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 filling 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 contained in Chapter 119, 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 Date Date Date Date								

OLIVER IMPORTS SPIRITS & LIQUEURS, INC.

6210 SW 34th St., Miami, FL 33155

Tel: (305) 666-8450 • Fax: (305) 666-8451 • E-Mail: oliverim@bellsouth.net

February 7, 2006

FLORIDA DEPT OF STATE DIV OF CORPORATIONS

RE: Oliver Imports Spirits & Liqueurs, Inc.

PETITION FOR WAIVER OF REINSTATEMENT FEE

Doc Num: P01000103957 FEI Num: 651156698

Dear sirs:

As the appointed registered agent for Oliver Imports Spirits & Liqueurs, Inc, I, Augusto R. Lopez, hereby state that Oliver Imports Spirits & Liqueurs, Inc. did not receive the annual report notices in the year of dissolution. Accordingly, we ask that you please waive the reinstatement and only charge the Annual Report Fee (\$ 61.25) and the Corporate Supplemental Fee (\$ 88.75) for the years 2004, 2005, and 2006. Attached please find a check made out to "Florida Dept of State, Div of Corporations" for \$ 458.75, which includes the Annual Report Fee and Corporate Supplemental Fee for 2004, 2005, and 2006, as well as \$ 8.75 for the Certificate of Status requested in the reinstatement application. Please reinstate the corporation as soon as possible. Thank you very much for all of your help with this matter.

Augusto R. Lopez

Oliver Imports Spirits & Liqueurs, Inc.