


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: left;">CORPORATION REINSTATEMENT 03-04</div><div style="text-align: center;"></div><div style="text-align: right;">FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">04 MAY -3 PM 6:52</div> <div style="font-size: 0.9em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px; font-size: 1.1em; font-weight: bold;">300035164393</div> <div style="font-size: 0.9em;">05/03/04--01015--018 **900.00</div>																												
DOCUMENT # P02000009022 1. Corporation Name HIGHWAY LIQUORS, INC.		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 01-0580546 <div style="display: flex; justify-content: space-between;"><div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></div><div style="font-size: 0.8em;">\$8.75 Additional Fee required for a Certificate of Status</div></div>																												
2. Principal Office Address 3048 CYPRESS GARDEN RD Suite, Apt. #, etc.	3. Mailing Office Address 3265 MOCCASIN DR Suite, Apt. #, etc.																													
City & State WINTER HAVEN FL	City & State KISSIMMEE FL																													
Zip 33884 Country US	Zip 34746 Country US																													
7. Name and Address of Current Registered Agent <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name HARSHILA V. PATEL Street Address (P.O. Box Number is Not Acceptable) 3265 MOCCASIN DR Suite, Apt. #, Etc. <div style="display: flex; justify-content: space-between;"><div>City KISSIMMEE</div><div>State FL</div><div>Zip Code 34746</div></div></div>																														
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>Signature of Registered Agent <u>H.V. Patel</u></div><div>Date <u>4/27/04</u></div></div> <p style="text-align: center; font-size: 0.8em;">REGISTERED AGENT MUST SIGN</p>																														
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>HARSHILA V. PATEL</td><td>3265 MOCCASIN DR</td><td>KISSIMMEE, FL 34746</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	HARSHILA V. PATEL	3265 MOCCASIN DR	KISSIMMEE, FL 34746																				
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<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">REINSTATEMENT</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">03-04</div> <div style="font-size: 1.5em; font-weight: bold;">7080 5/3</div>																														
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 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), 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. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div>SIGNATURE: <u>H.V. Patel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>Date <u>4/27/04</u></div><div>Daytime Phone # _____</div></div>																														

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