

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 17 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000075795**

1. Corporation Name

West End Liquors, Inc

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

24920 W. Newberry Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1457

Suite, Apt. #, etc.

City & State

Newberry FL

City & State

Newberry FL

Zip

32669

Country

USA

Zip

32669

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2003

5. FEI Number

141841452

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

Dana Johnson

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

104 SW 266th St.

Suite, Apt. #, Etc.

City

Newberry

State

FL

Zip Code

32669

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/2/09

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
P	Dana Johnson	104 SW 266th St	Newberry FL 32669

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 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] **DANA JOHNSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/09

Daytime Phone #

352-472-4943