

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAR -8 PM 4:39

DOCUMENT # *P03 000028011*

1. Corporation Name

A & M Liquor Zone, Inc.

200196099222
03/08/11--01035--008 **600.00

200196099222
02/25/11--01050--007 **300.00

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

45721 U.S. Highway 27

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Davenport, FL

City & State

Zip

33896

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/10/03

5. FEI Number

06-1683193

☐ 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

Martha Hinna

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

423 Maitland Ct.

Suite, Apt. #, Etc.

City

Davenport

State
FL

Zip Code

33897

S. HAWKES

MAR 08 2011

EXAMINER

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

Martha I Hinna

REGISTERED AGENT MUST SIGN

Date *2-23-11*

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
<i>D</i>	<i>Martha Hinna</i>	<i>423 Maitland Ct.</i>	<i>Davenport, FL 33897</i>

REINSTATEMENT

2010 - 11

10. E-mail Address: *ahtilathehunt@hotmail.com*

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Martha I Hinna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-11

Date

Daytime Phone #