


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -3 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000113094		
1. Entity Name ARN LIQUOR, INC.		

Principal Place of Business 3235 HIDDEN LAKE DR WINTER GARDEN, FL 34787	Mailing Address 3235 HIDDEN LAKE DR WINTER GARDEN, FL 34787
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2. Principal Place of Business 1142 W. State road 436 Suite, Apt. #, etc.	3. Mailing Address 1142 W. State road 436 Suite, Apt. #, etc.
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City & State Altamonte Springs, FL Zip 32714 Country Seminole	City & State Altamonte Springs, FL Zip 32714 Country Seminole
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REINSTATEMENT  
12/22/04 REINSTATEMENT R2E098 (6/04) 01

4. FET Number 42-1605843	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FONG, DAVID 1221 E ROBINSON ST ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name: ARN NGUYEN Street Address (P.O. Box Number is Not Acceptable): 3235 Hidden Lake Dr City: Winter Garden FL Zip Code: 34787
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Arn Nguyen DATE: Dec 29, 2004  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NGUYEN, ARN 3235 HIDDEN LAKE DR WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700043799167 01/03/05--01025--022 ***758.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Arn Nguyen DATE: Dec 29, 2004 321 4364874  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #