

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000113094

1. Entity Name  
ARN LIQUOR, INC.



FILED

05 NOV -9 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1142 W. STATE ROAD 436  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
1142 W. STATE ROAD 436  
ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business

3. Mailing Address  
952 Wesson Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10282005 REIN-P CR2E098 (6/04)

City & State

City & State  
Casselberry, FL

4. FEI Number  
42-1605843

Applied For  
Not Applicable

Zip

Country

Zip  
32707

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NGUYEN, ARN  
3235 HIDDEN LAKE DRIVE  
WINTER GARDEN, FL 34787

Name  
Pennel, Jack

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

City  
Casselberry

FL

Zip Code  
32707

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

*[Signature]*

11/1/2005

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME NGUYEN, ARN  
STREET ADDRESS 3235 HIDDEN LAKE DR  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE PSTD ☐ Change ☒ Addition  
NAME Pennel, Jack  
STREET ADDRESS 952 Wesson Dr.  
CITY-ST-ZIP Casselberry, FL 32707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*  
Jack Pennel, President

11/1/2005

Date

Daytime Phone #

REINSTATEMENT

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11/09/05--01063--015 \*\*\$150.00