

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000043624

1. Entity Name
SPEEDLANE LIQUOR, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 8:56

REINSTATEMENT 05-06

Principal Place of Business
10323 CAUSEWAY BLVD
RIVERVIEW, FL 33569

Mailing Address
10323 CAUSEWAY BLVD
RIVERVIEW, FL 33569

2. Principal Place of Business

3. Mailing Address

10313 Causeway Blvd.
Suite, Apt. #, etc.

10313 Causeway Blvd.
Suite, Apt. #, etc.

City & State
TAMPA FL

City & State
TAMPA, FL

Zip
33619

Country
U-S-A

Zip
33619

Country
U-S-A

05162006 REIN-P CR2E098 (11/05)

4. FEI Number

Applied For
Not Applicable

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

CHHOURI, ALEX A
10323 CAUSEWAY BLVD
RIVERVIEW, FL 33569

Name
ALEX CHHOURI

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

10313 Causeway Blvd.

City
TAMPA

FL

Zip Code
33619

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

Alex Chhourri Director

5/23/06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHHOURI, ALEX A
STREET ADDRESS 10323 CAUSEWAY BLVD
CITY-ST-ZIP RIVERVIEW, FL 33569

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ALEX CHHOURI
STREET ADDRESS 10313 Causeway Blvd.
CITY-ST-ZIP TAMPA, FL 33619

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alex Chhourri

5/23/06

Date

813-621-1896

Daytime Phone #