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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 OCT -1 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000014645

1. Corporation Name

CHEERS LIQUOR & WINE, INC.

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

11917 MERIDIAN OT DR

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA

City & State

Zip

33626

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

NOUHAD MOUSSA

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

11917 MERIDIAN OT DR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33626

100240292321  
10/01/12--01054--029 \*\*1350.00

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

Date 09/27/2012

REGISTERED AGENT MUST SIGN

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	NOUHAD MOUSSA	11917 MERIDIAN PT DR	TAMPA FL 33626
VP	RANA MOUSSA	11917 MERIDIAN PT DR	TAMPA FL 33626

REINSTATEMENT

08-12

OCT. 02 2012

T. SCOTT

10. E-mail Address: CHEERSTAMPA@YAHOO.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:

*NOUHAD MOUSSA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/27/2012 (813)244-3427

Date

Daytime Phone #

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September 26, 2012

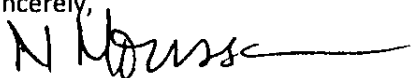
Florida Department of State  
Division of Corporation  
P. O. Box 6327  
Tallahassee FL 32314

Dear Sir / Madam;

I am submitting this letter to request the reinstatement of the corporate name "Cheers Liquor & Wine Inc." with a document number P05000014645. It is required by the Division of Alcoholic & Tobacco to keep the liquor license active, thus I have filed a new corporation with document number P12000072421 under the same name, but it was rejected by the division of Alcoholic & Tobacco. Therefore, I had to close it and I will never reactivate it as per our conversation agreement.

Enclosed please find a check in the amount of \$1,350 representing the cost of reinstatement of the old corporation. If additional information is needed, please write or call.

Sincerely,



Cheers Liquor & Wine Inc.  
Nouhad Moussa Pres.