FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE (

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000011961

REINSTATEMENT 95-01

1. Corporation Name
Fleming Island Liquors, Inc.

2. Principal Office Address	3. Mailing Office Address
1560-1 Business Center Dr.	1550-A Business Center Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, Florida	City & State: Orange Park, Florida
Zip: 32003 Country: Clay	Zip: 32003 Country: Clay

4. Date Incorporated or Qualified To Do Business in Florida: 2/16/93

5. FEI Number: 59-3164799 ☐ 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: John W. O'Connor

400004077884--3
-047257O1--O1O8O--O32
***1650.00 ***1650.00

Street Address (P.O. Box Number is Not Acceptable): 1550-A Business Center Drive

Suite, Apt. #, Etc.

City: Orange Park, Florida State: FL Zip Code: 32003

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: John W. O'Connor — REGISTERED AGENT MUST SIGN Date: 4/9/01

CR2E051 (9/00)

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/D	John W. O'Connor	1550-A Business Center Dr	Orange Park, Florida 32003

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John W. O'Connor / John W. O'Connor 4/9/01 904/215-7575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #