

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

96 OCT 21 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051242

1. Corporation Name

LIQUOR DEPOT OF NAPLES, INC.

Principal Place of Business

2612 NORTH TAMiami TRAIL  
NAPLES FL 33940

Mailing Address

2612 NORTH TAMiami TRAIL  
NAPLES FL 33940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/1993

5. FEI Number

65-0417565

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ALFORD, RON	2612 N. TAMiami TRAIL	NAPLES FL 33940

900001990339--3  
-10/30/96--01045--020  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

8. Name and Address of Current Registered Agent

RANKIN, DOUGLAS L  
590 11TH STREET SOUTH  
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

Karen Hensley

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

517 Castello Dr, Ste 1

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

3403

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/96)

**Karey Hensley CPA**

5117 Castello Drive, Suite 1  
Naples, Florida 34103  
(941) 434-8683  
FAX 434-7783

October 16, 1996

Department of State  
Attn: Supervisor  
Division of Corporations  
409 East Gaines St  
Tallahassee, FL 32399


RE: Liquor Depot of Naples Inc.

Dear Supervisor:

We are requesting your special permission in removing late filing fee for the above referenced corporate filer. We had sent in the 2<sup>nd</sup> notice of annual report with \$225.00 check. The report evidently was never received by your office and the check has not cleared the bank. We are now filing a reinstatement with \$225.00 filing fee. We are asking your consideration in removing the \$175.00 late filing under the circumstances.

Thanking you in advance for your consideration.

Sincerely,

  
Karey Hensley