

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P 94 0000 617 86 (7)

1. Corporation Name

Clifford + Lee's Liquors Inc

Principal Place of Business

Hwy 90 West +
State Road 127 North
Sanderson, FL 32087

Mailing Address

PO Box 367
Sanderson, FL
32087

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

2533 Nobleman Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FLA

Zip

Country

Zip

Country

32223

REINSTATEMENT

ad
97-98

4. Date Incorporated or Qualified
To Do Business in Florida

8-23-94

5. FEI Number

59-3263490

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
President	Said M. Bishara	2533 Nobleman Court	Jacksonville, FL 32223
Vice Pres.	Eddie Bishara	"	"
Asst V Pres	Freddie Bishara	"	"
Sec/Treas	Joyce S. Bishara	"	"
Sec/Treas	Kathy T. Bishara	"	"

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-01/07/99--01011--009
***308.75 ***308.75

8. Name and Address of Current Registered Agent

FRANK E. MALONEY, JR.
445 EAST MACCLENNY AVENUE
MACCLENNY, FL 32063

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 12/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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: *

Said M. BISHARA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-98

Date

Daytime Phone #

(904)
275-2205

CR2E040 (1/98)