## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

DOCUMENT #	# P9500001584	44
DOCUMENT#	F P9500001584	4

1. Corporation Name

VOLPE LIQUORS, INC.

Principal Place of Business

Mailing Address

1631 WASHINGTON AVE.

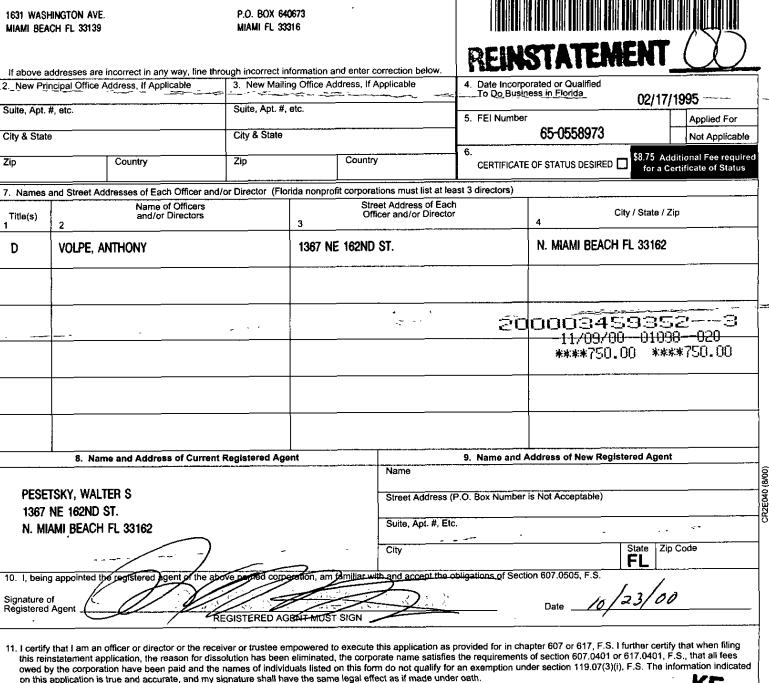
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P.O. BOX 640673 MIAMI FL 33316

FILED 00 OCT 25 PM 12: 15

SECRETARY OF STATE TALLAHASSEE FLORIDA



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