

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUN 23 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000024280**

1. Corporation Name

A-1 Fine Spirits, Inc.

REINSTATEMENT 99-03

500021080465
06/23/03--01056--014 **1350.00

2. Principal Office Address

1323 S. State Rd. 7

Suite, Apt. #, etc.

3. Mailing Office Address

1323 S. State Rd 7

Suite, Apt. #, etc.

City & State

North Lauderdale, FL

City & State

North Lauderdale, FL

Zip

33068

Country

U.S.

Zip

33068

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

4-4-1995

5. FEI Number

65-0567143

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

Gerry Laqueux

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

930 Mulberry Way

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

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

Gerry Laqueux

REGISTERED AGENT MUST SIGN

Date **4-30-03**

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	Gerry Laqueux	930 Mulberry Way	Boca Raton, FL 33486
T	Linda Calderon	930 Mulberry Way	Boca Raton, FL 33486

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:

Gerry Laqueux

Gerry Laqueux

Date

4-30-03

Daytime Phone #

954-977-0002

CR2E081 (10/02)

216/23