

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 # **P95000073005**

1. Corporation Name

NICK'S DISCOUNT BEVERAGE JUNIOR OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

**1000 N COMBEE RD
LAKELAND FL 33801**

**1000 N COMBEE RD
LAKELAND FL 33801**

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 obtained
To Do Business in Florida

09/15/1995

5. FEI Number

593116220

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	LALLU, NARENDRA ✓	1000 N COMBEE RD	LAKELAND FL 33801
D	LALLU, PEMILABEN N	1000 N COMBEE RD	LAKELAND FL 33801
D	LALLU, PYUSHKUMAR	1000 N COMBEE RD	LAKELAND FL 33801

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LALLU, NARENDRA
1000 N COMBEE RD
LAKELAND FL 33801**

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

Sandra B. Mortham
REGISTERED AGENT MUST SIGN

Date

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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.3.96
Date

(941) 666-0445
Daytime Phone #

REINSTATEMENT



FILED

96 NOV -7 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA