

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY 20 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074321

1. Corporation Name

R. & D. LIQUORS CORP.

2. Principal Office Address - No P.O. Box #

4410 W 16TH AVENUE

3. Mailing Office Address

4410 W 16TH AVENUE

Suite, Apt. #, etc.

7

Suite, Apt. #, etc.

7

City & State

HIALEAH

City & State

HIALEAH

Zip

33012

Country

USA

Zip

33012

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FEI Number

65-0612400

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

ANNIA CASTELLANOS

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

270 EAST 4TH STREET

Suite, Apt. #, Etc.

5

City

HIALEAH

State

FL

Zip Code

33010

900207940889
05/20/11--01003--017 **1058.75

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:

Date 05/18/2011

REGISTERED AGENT MUST SIGN

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	ANNIA CASTELLANOS	270 EAST 4TH ST # 5	HIALEAH, FL 33010

REINSTATEMENT

214

10. E-mail Address: annia2009@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/18/2011 (305) 263-0302

Date

Daytime Phone #