

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 # P96000087318

1. Corporation Name
THE LIQUOR WAREHOUSE INC.

Principal Place of Business
2539 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address
2539 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

FILED

98 JAN -7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1996

5. FEI Number

65-0708541

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	HITESH SHAH	2539 N. MILITARY TR.	WPB, FL. 33409
ST	SHANTI SHAH	2539 N. MILITARY TR	WPB, FL. 33409

800002395478-9
-01/09/98--01057-002
****900.00 ****900.00

8. Name and Address of Current Registered Agent

PATHAK, NIRANJAN
9431 BLOOMFIELD DRIVE
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name
HITESH SHAH
Street Address (P.O. Box Number is Not Acceptable)
2539 N. MILITARY TR.
Suite, Apt. #, Etc.
City
WPB

State
FL
Zip Code
33409

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

REGISTERED AGENT MUST SIGN

Date
1/5/98

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/5/98
Date

561-684-0151
Daytime Phone

CR25042 (8/97)