

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P97000056212**

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. Corporation Name
NORTHSIDE PACKAGE STORE, INCORPORATED

Principal Place of Business	Mailing Address
925 N MAIN ST HAVANA FL 32333	925 N MAIN ST HAVANA FL 32333



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	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	06/25/1997
City & State	City & State	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	MORGAN, CLYDE	3112 MAE ROAD	TALLAHASSEE FL 32312
V	MORGAN, LILLIE S	3112 MAE ROAD	TALLAHASSEE FL 32312

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 ****558.00 ****558.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MORGAN, CLYDE L 3112 MAE RD TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 Clyde L. Morgan Date Nov. 13, 1998
 REGISTERED AGENT MUST SIGN

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: Clyde L. Morgan (CLYDE L. MORGAN) Nov. 13, 1998
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/88)