

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 10 AM 11:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000073477

1. Corporation Name

LIQUORS AT THE MARKETPLACE, INC.

2. Principal Office Address

4720 NW 80 CT

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34482

Country

Marion

3. Mailing Office Address

4720 NW 80 CT

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34482

Country

Marion

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/21/1998

5. FEI Number

593 530835

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

Margaret E. Ritchie

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

4720 NW 80 CT

Suite, Apt. #, Etc.

City

Ocala

000003556320

-01/22/01--01004--027

***1050.00 ***1050.00

000003556320

-01/22/01--01004--028

*****8.75 *****8.75

State

FL

Zip Code

34482

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

Margaret E. Ritchie
REGISTERED AGENT MUST SIGN

Date January 5, 2001

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/S/T	Margaret E. Ritchie	4720 NW 80 CT	Ocala, FL 34482

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:

Margaret E. Ritchie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 5, 2001 (352) 351-3464

Date

Daytime Phone #

KE

CR2E081 (9/99)