

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P98000094695

1. Corporation Name

RIVERLAND LIQUORS, INC.
2611 DAVIE BOULEVARD
FORT LAUDERDALE, FLORIDA 33312

2. Principal Office Address

2611 DAVIE BOULEVARD

3. Mailing Office Address

2611 DAVIE BOULEVARD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

U.S.A.

Zip

33312

Country

U.S.A.

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

11/09/1998

5. FEI Number

65-0874142

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

ROSA M. PEREZ

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

1980 SW 28th AVENUE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33312

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

REGISTERED AGENT MUST SIGN

Date 09/20/2001

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
PSD	PEREZ, ROSA M	1980 SW 28th Avenue	Fort Lauderdale, FL 33312
TD	PEREZ, FRANCISCO	1980 SW 28th Avenue	Fort Lauderdale, FL 33312
VPD	LOPEZ, MARIA	2020 SW 28th Avenue	Fort Lauderdale, FL 33312

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/01

Date

954-205-9970

Daytime Phone #

FILED

01 SEP 25 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****400.00 ****400.00

REINSTATEMENT 00-01

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****500.00 ****500.00

CR2E081 (9/00)