


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 52-1865714
1. Corporation Name
F94000005107

MINIBAR NORTH AMERICA, INC.

2. Principal Office Address 7340 Westmore Rd. Suite, Apt. #, etc. — City & State Rockville, Maryland Zip 20850 Country USA	3. Mailing Office Address 7340 Westmore Rd. Suite, Apt. #, etc. — City & State Rockville, Maryland Zip 20850 Country USA
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REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida 3-8-94

5. FEI Number 52-1865714
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
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.
Suite, Apt. #, Etc.
City
Plantation
State
FL
Zip Code
33324

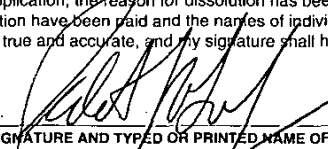
8. I, being appointed the registered agent of the above named corporation, hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent:  **CHARLES F. SHAMPANG**
ASSISTANT SECRETARY
Date: 1/23/00
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
President	Anthony Torano (P)	7340 Westmore Road	Rockville, MD 20850
VP	Walt Strasser (VP)	7340 Westmore Road	Rockville, MD 20850
Secretary	Patrick Galgano (S+T)	7340 Westmore Road	Rockville, MD 20850
Treasurer			

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:  **PATRICK GALGANO** [10/24/00] 301-309-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #