

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED

99 FEB -1 PM 2:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L52709
 Corporation Name A-1 BEVERAGE SERVICE INC

Principal Place of Business
4446 E BROADWAY
TAMPA FL 33605

REINSTATEMENT

98-99

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
2-22-90

5. FEI Number
59-2996434

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MARK JONES	6024 CENSTRIDGE RD	TAMPA FL 33634
VICE	CARR JONES	6015 W PARIS	TAMPA FL 33634
TREAS	BETTY JONES	6015 W PARIS	TAMPA FL 33634

10000027701091-2
 -02/09/99-01092-01
 ***935.00 ***935.00

8. Name and Address of Current Registered Agent
WAITER SANDERS
13910 N DAIS MARRY
SUITE 1
TAMPA FL 33618 USA

9. Name and Address of New Registered Agent
 Name MICHELLE JONES
 Street Address (P.O. Box number is Not Acceptable)
4446 E BROADWAY
 Suite, Apt. #, Etc.
 City TAMPA State FL Zip Code 33605

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 Michelle Jones Date 1-14-99
 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)(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: Mark Jones MARK JONES 12-18-98 (813) 242 0092
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CH2500 (1-98)