

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB 19 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000053186**

1. Corporation Name

THE BEV CORPORATION

**W09-6438**

**300143188823**  
02/09/09--01055--011 \*\*908.75

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
990 So. Flamingo Road

3. Mailing Office Address  
30 Enterprise Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite#3**

City & State

Davie, Florida

City & State

Secaucus, New Jersey

Zip

33325

Country

Zip

07094

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **5/14/03**

5. FEI Number **200230742**  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

**John Reed**

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

**990 S. Flamingo Road**

Suite, Apt. #, Etc.

City

Davie

State

**FL**

Zip Code

33325

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*John Reed*

REGISTERED AGENT MUST SIGN

Date **2/2/09**

**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
Pres	Sirotkin, Joseph	16331 Vintage Oak Lane	Delray Beach, Fl 33484
Sec	Alvarado, Lillian	21 Etheridge Drive	Carteret, NJ 07008

**REINSTATEMENT**

**300143188823**  
02/26/09 01003 005 \*\*150.00

**RH**

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 contained in Chapter 119, 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:

*John Reed*

Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/09 (201) 330-7700

Daytime Phone #