

Page 1 of 3

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV -9 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # 273498</b> 1. Entity Name <b>SUNNY DELIGHT BEVERAGES CO.</b>																																																																																																																																																											
Principal Place of Business <b>ONE PROCTER &amp; GAMBLE PLAZA ATTN: TAX DIVISION CINCINNATI, OH 45202-2501 US</b>			Mailing Address <b>P O BOX 599 ATTN: TAX DIVISION CINCINNATI, OH 45201-0599 US</b>																																																																																																																																																								
2. Principal Place of Business <b>4747 Lake Forest Drive</b>		3. Mailing Address <b>4747 Lake Forest Drive</b>																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
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Zip <b>45242</b>		Country <b>USA</b>		4. FEI Number <b>59-1027282</b>																																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																																									
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code																																																																																																																																																								
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																																																																																																																																											
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																											
<b>SIGNATURE: Timothy S. Voelkerding</b> <i>Timothy S. Voelkerding</i> <b>Treasurer</b> <i>11/5/05</i> <i>513.483.3351</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											

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ATTACHMENT TO 2005 FLORIDA REINSTATEMENT

SUNNY DELIGHT BEVERAGES CO.

TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Director Mario Soussou 4747 Lake Forest Drive Cincinnati, OH 45242
TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Director Adam Suttin 4747 Lake Forest Drive Cincinnati, OH 45242
TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Vice President, Secretary James Dahmus 4747 Lake Forest Drive Cincinnati, OH 45242
TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Vice President Richard Zimmerman 4747 Lake Forest Drive Cincinnati, OH 45242
TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Vice President Ellen Iobst 4747 Lake Forest Drive Cincinnati, OH 45242
TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Vice President John Wildman 4747 Lake Forest Drive Cincinnati, OH 45242
TITLE NAME STREET ADDRESS CITY - STATE - ZIP	Treasurer Tim Voelkerding 4747 Lake Forest Drive Cincinnati, OH 45242

# McDermott Will & Emery

P9903013

Boston Brussels Chicago Düsseldorf London Los Angeles Miami Munich  
New York Orange County Rome San Diego Silicon Valley Washington, D.C.

Irma Zemaitaitis  
Direct Dial: 312.984.3246  
Email: izemaitaitis@mwe.com

November 8, 2005

VIA FEDERAL EXPRESS

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: **Sunny Delight Beverages Co. (#273498)**

Ladies/Gentlemen:

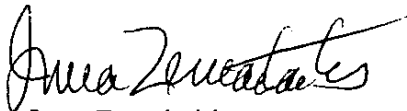
On behalf of our client referenced above, we are submitting for filing with your office the 2005 For Profit Corporation Reinstatement. We are also enclosing a check for \$150 in payment of the filing fees.

Our client, Sunny Delight Beverages Co., did not receive the notifications of the annual report filing and requests that the penalty charges be waived.

We would appreciate your confirming the filing of this reinstatement and returning confirmation to my attention.

If you have any questions, do not hesitate to contact the undersigned.

Very truly yours,



Irma Zemaitaitis  
Legal Assistant

Enc.

CHI99 4550158-1.071883.0010