


**2005 FOR PROFIT CORPORATION REINSTATEMENT**

FILED

05 NOV -9 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # 273498</b>  |   |              |   |
| 1. Entity Name<br><b>SUNNY DELIGHT BEVERAGES CO.</b>  |   |   |   |
| Principal Place of Business<br><b>ONE PROCTER &amp; GAMBLE PLAZA<br/>ATTN: TAX DIVISION<br/>CINCINNATI, OH 45202-2501 US</b>  |   | Mailing Address<br><b>P O BOX 599<br/>ATTN: TAX DIVISION<br/>CINCINNATI, OH 45201-0599 US</b> |   |
| 2. Principal Place of Business<br><b>4747 Lake Forest Drive</b>   |   | 3. Mailing Address<br><b>4747 Lake Forest Drive</b>   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>Cincinnati, OH</b>   |   | City & State<br><b>Cincinnati, OH</b>   |   |
| Zip<br><b>45242</b>   | Country<br><b>USA</b>                         | Zip<br><b>45242</b>   | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>59-1027282</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   | 7. Name and Address of New Registered Agent   |   |
| Name  |   | Name  |   |
| Street Address (P.O. Box Number is Not Acceptable)  |   | Street Address (P.O. Box Number is Not Acceptable)  |   |
| City  |   | City  |   |
| State   |   | State   |   |
| Zip Code  |   | 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 _____   |   | DATE _____  |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |   | DATE  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>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.  |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE   | D <input checked="" type="checkbox"/> Delete  | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME  | GRIFFITH, M.J. JR.                            | NAME  | Ray Rudy  |
| STREET ADDRESS  | 1 PROCTER & GAMBLE PLZ                        | STREET ADDRESS  | 4747 Lake Forest Drive  |
| CITY-ST-ZIP   | CINCINNATI, OH 45202                          | CITY-ST-ZIP   | Cincinnati, OH 45242  |
| TITLE   | P <input checked="" type="checkbox"/> Delete  | TITLE   | P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | CLARK, R K                                    | NAME  | William Cyr   |
| STREET ADDRESS  | 1 PROCTER & GAMBLE PLZ                        | STREET ADDRESS  | 4747 Lake Forest Drive  |
| CITY-ST-ZIP   | CINCINNATI, OH                                | CITY-ST-ZIP   | Cincinnati, OH 45242  |
| TITLE   | V <input checked="" type="checkbox"/> Delete  | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME  | DALEY, C.C. JR.                               | NAME  | True Knowles  |
| STREET ADDRESS  | 1 PROCTER & GAMBLE PLZ                        | STREET ADDRESS  | 4747 Lake Forest Drive  |
| CITY-ST-ZIP   | CINCINNATI, OH                                | CITY-ST-ZIP   | Cincinnati, OH 45242  |
| TITLE   | S <input checked="" type="checkbox"/> Delete  | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME  | WALTHER, CHRISTOPHER B                        | NAME  | John Childs   |
| STREET ADDRESS  | ONE PROCTER & GAMBLE PLAZA                    | STREET ADDRESS  | 4747 Lake Forest Drive  |
| CITY-ST-ZIP   | CINCINNATI, OH 45202                          | CITY-ST-ZIP   | Cincinnati, OH 45242  |
| TITLE   | VT <input checked="" type="checkbox"/> Delete | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME  | GOODWIN, JOHN P                               | NAME  | Jeffrey Teschke   |
| STREET ADDRESS  | ONE PROCTER & GAMBLE PLAZA                    | STREET ADDRESS  | 4747 Lake Forest Drive  |
| CITY-ST-ZIP   | CINCINNATI, OH 45202                          | CITY-ST-ZIP   | Cincinnati, OH 45242  |
| TITLE   | AS <input checked="" type="checkbox"/> Delete | TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME  | KEHOE, T. J                                   | NAME  | Gordon Brunner  |
| STREET ADDRESS  | 1 PROCTER & GAMBLE PLZ                        | STREET ADDRESS  | 4747 Lake Forest Drive  |
| CITY-ST-ZIP   | CINCINNATI, OH                                | CITY-ST-ZIP   | Cincinnati, OH 45242  |
| 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. |   |   |   |
| SIGNATURE: <i>Timothy S. Voelkerding</i>  |   | SIGNATURE: <i>Timothy S. Voelkerding</i> Treasurer  |   |
| SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | DATE: 11/5/05 Daytime Phone #: 513.483.3351   |   |

ATTACHMENT TO 2005 FLORIDA REINSTATEMENT

SUNNY DELIGHT BEVERAGES CO.

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

# McDermott Will & Emery

P990303

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:

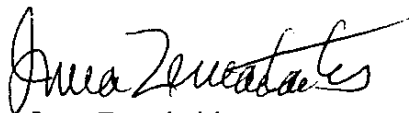
On behalf of our client referenced above, we are submitting for filing with your office the 2005 For Profit Corporation Reinstatement. We are also enclosing a check for \$150 in payment of the filing fees.

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