## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  1050  DOCUMENT #  1. Corporation Name  BOATWRIGHT BEVERAGE DISTRIBUTORS, SUC	16 APR -7 AM 9: 58  SECRETARY OF STATE TALL AHASSEF, FLORIDA
2. Principal Office Address - No P.O. Box #  9915 SHADOS PIER RY 9915 SHADOS PIER RD  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  32259 ST. Samus B2259 ST. Samus  3. Mailing Office Address  City & State  City & State  City & State  City & State  Country  FLA  City & State  Country  FLA  City & State  Country  FLA  Country	CR2E081 (11/10)  4. Date Incorporated or Qualified To Do Business in Florida  5. FEI Number Applied For Not Applicable  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required
32259 ST. JUNUS \$2259 ST. JUHUS	ACTIVE for a Certificate of Status
Name  DAMOLL BONGLORISMS  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  DDLEBGRE FLA 32068  State Zip Code  FL	100284923331 04/07/1601024013 **1050.00
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Registered Agent REGISTERED AGENT MUST SIGN	bligations of section 607.0505 or 617.0503, F.S.  Date
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	City / State / Zip
PD DAMON L BOX, WRIGHT M: DD LEBGAG, F	PR. 52068
STD MICHAEL THOMPSON 4666 PINE GAS	E RD. ORAJEE PARK FLA 32073
	MY DR OBALKE DALE, F. A 32259
	S. HAWKES
REINSTATEMENT	APR -8 AM
10 E-mail Address (1/A	FXAMINED
10. E-mail Address: W/A (To be used for future annual report notification)	
1. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:	