

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 16 PM 4:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

CR2E081 (12/05)

DOCUMENT # 712036

1. Corporation Name

Florida Soft Drink Association, Inc.

2. Principal Office Address

1406 Hays Street

Suite, Apt. #, etc.

#8

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

1406 Hays Street

Suite, Apt. #, etc.

#8

City & State

Tallahassee, FL

Zip

32303

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/29/1966

5. FEI Number

59-6193024

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

CFRA, LLC

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

4221 W. Boy Scout Blvd.

Suite, Apt. #, Etc.

Suite 1000

City

Tampa

State

FL

Zip Code

33607

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

REGISTERED AGENT MUST SIGN

Date 2-6-07

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
D	DARREN CLARK	4141 PARKLANE AVE, SUITE 600	KALEIGH, NC 27612
D	MICHELE MCKILLIP	2050 MARYLAND CIRCLE	TALLAHASSEE, FL 32303
D	GENE COCHRAN	111 OXMOOR ROAD	BIRMINGHAM, AL 35209

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:

DARREN CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07

Date

(914) 865-2350

Daytime Phone #