

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 18 AM 10:02

**DOCUMENT # 712036**

1. Corporation Name

**Florida Beverage Association, Inc.**

2. Principal Office Address - No P.O. Box #

**17024 Sunray Road**

Suite, Apt. #, etc.

3. Mailing Office Address

**Post Office Box 4307**

Suite, Apt. #, etc.

City & State

**Tallahassee, Florida**

City & State

**Tallahassee, Florida**

Zip

**32309**

Country

**USA**

Zip

**32315**

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 West Boy Scout Boulevard**

Suite, Apt. #, Etc.

**Suite 1000**

City

**Tampa**

State

**FL**

Zip Code

**33607**

☒ 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

REGISTERED AGENT MUST SIGN

Date **11/13/09**

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
D	Darren Clark	4141 Park Lane Avenue, Suite 600	Raleigh, NC 27612
D	Norman Ross	3350 Pembroke Road	Hollywood, FL 33021
D	Wayne Parks	6001 Bowdendale Avenue	Jacksonville, FL 32216
D	Steven Lezman	1001 13th Avenue East	Bradenton, FL 34208
D	Patrick Devlin	5829 Pepsi Place	Jacksonville, FL 32216
D	Sheryl Albright	One Coca-Cola Plaza	Atlanta, GA 30301

10. E-mail Address: **martha@harbinstrategies.com**

(To be used for future annual report notification)

11. 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, 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.

SIGNATURE:

(DARREN B. CLARK)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/09

Date

(914) 865-2350

Daytime Phone #

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017

Date:

11/13/09

Requestor Name: Carlton Fields

Address: Post Office Box 190  
Tallahassee, Florida 32302

Telephone: (850) 513-3619 (direct)  
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

Corporation Name:

Florida Beverage Association, Inc.

Entity Number (if applicable):

712036

Authorization:

Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☐ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

( X ) Call When Ready

( X ) Call if Problem

( ) After 4:30

( X ) Walk In

( ) Will Wait

( X ) Pick Up

( ) Mail Out

CF Internal Use Only

Client: 46951 Matter: 11991

Name: A. Manko Office: TLH

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Reinstatement