2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 05, 2009
Secretary of State

DOCUMENT# 715729

Entity Name: DISTILLED SPIRITS WHOLESALERS OF FLORIDA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

215 S MONROE ST
STE 800-A
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

215 S MONROE ST
STE 800-A
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 23-7002435 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCOTT, ASHLEY T
215 S. MONROE ST 800-A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

ASHLEY, SCOTT T
215 S. MONROE ST 800-A
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: SCOTT T. ASHLEY 10/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CRISSES, ANDREW M
Address: 805 THIRD AVENUE
City-St-Zip: NEW YORK, NY

Title: D ( ) Delete
Name: ROSENBERG, JERRY
Address: P.O. BOX 44127
City-St-Zip: ATLANTA, GA 303361127

Title: PT ( ) Delete
Name: ASHLEY, SCOTT T
Address: 215 S. MONROE ST., 800-A
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT. T. ASHLEY PT 10/05/2009
Electronic Signature of Signing Officer or Director Date