2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT#823815

FILED Oct 19, 2009 Secretary of State

Entity Name: MAJESTIC DISTILLING COMPANY INCORPORATED

	101 101/102011	O BIOTILLING COMIT / NYT IIV	OOK OKKIEB		
Current Principal Place of Business:			New Principal Place of Business:		
	UMENTAL AV RE, MD 21227				
Current Mailing Address:			New Mailing Address:		
	UMENTAL AV RE, MD 21227				
FEI Number:	52-0576965	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1200 S. PII	ORATION SYS NE ISLAND RI ON, FL 33324	D.			
	named entity see of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUF	RE: BONNIE	A SCHUMAN			
Electronic Signature of Registered Ager			ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (X SCHUMAN, LES 7619 PATAPSO SYKESVILLE, I	O DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () CLOUD, MARG 3017 E FRIEND ANNAPOLIS, M) RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () LAWSON, FRA 1615 SULPHUF BALTIMORE, M	R SPRING RD	Title: S Name: BROUSSAR Address: 101 IDAHO City-St-Zip: LAPLACE, L	COURT	
Title: Name: Address: City-St-Zip:	DC (X COHEN, VICTO 4912 BOCAIRE BOCA RATON,	BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET B CLOUD T 10/19/2009