APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 JUL -7 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000006094

1. Corporation Name

BEVERAGE MARKETING USA, INC.

REINSTATEMENT 47-98

Principal Place of Business	Mailing Address
~~c/o Julius Mendalis, Esq.~~ 160 Broadway ~~New York, New York 10038~~	

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1890 Palmer Ave.	1890 Palmer Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Larchmont, NY 10538	City & State: Larchmont, NY 10538
Zip: 10538 Country: USA	Zip: 10538 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/10/95

5. FEI Number: 13-3667302 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES. DIR	John M. Ferolito, President Director	1890 Palmer Avenue	Larchmont NY 10538
SEC. DIR	Domenick J. Vultaggio, Secretary, Director	1890 Palmer Avenue	Larchmont NY 10538
			600100258769[illegible]--6 -07/14/98--01008--026 ****300.00 ****300.00
			600100258769[illegible]--6 -07/14/98--01008--027 ****608.75 ****608.75
			7-9-98

8. Name and Address of Current Registered Agent

Capital Connection, Inc.
417 East Virginia Street, Suite 1
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name: UCC FILING & SEARCH SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: [signature] 7/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
John M. Ferolito, President — Daytime Phone #