

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 21 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000795

1. Corporation Name

BEVSYSTEMS INTERNATIONAL, INC.

REINSTATEMENT 02-03

100023958941

10/21/03--01010--024 **\$900.00

2. Principal Office Address

131 S Cleveland St

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Zip

33755

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/29/96

5. FEI Number

841352529

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

Mark E. Pena

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

334 So. Hyde Park Ave.

Suite, Apt. #, Etc.

444

City

Tampa

State

FL

Zip Code

33606

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

Date

REGISTERED AGENT MUST SIGN

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
CEO	G. Robert Tatum	501 Brickell Key Dr.	Miami FL 33131
D	E. Douglas Cifers	501 Brickell Key	Miami FL 33131
D	Davidson, James	321 South St	Sarasota FLA.

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Tatum 10/15/03

Date

786-425-0811

Daytime Phone #

CR2E081 (10/02)

7/10/22