<u></u>	PLEA	SE READ A	LL INST	RUCTIONS	<u>BEFORE C</u>	OMPLETI	NG THIS FORM.	ar an	
APPLICATION FLORIDA DEPARTMENT OF STATE Katherine Harris							$\overline{T}_{1} = \left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] + \left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] + \left[\left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] \right] + \left[\left[\left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] \right] + \left[\left[\left[\left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] \right] \right] \right] + \left[\left[\left[\left[\left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] \right] \right] + \left[\left[\left[\left[\left[\left[\left[\left[\psi_{1} - \psi_{2} \right] \right] \right] \right] \right] \right] + \left[$	0	
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<u>. 200</u>	<u>VUBR</u>		DI	VISION OF CORPOR	ATIONS	-	• • • • • • • • • • • • • • • • • • • •	:	
DOCUMENT # F9700001675							00 HOV 15 PM 3: 55		
COMPLETE PRIDE BEVERAGES INC.							SECRETARY OF ST TALLAHASSEE. FLO	ATE	
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Principal Place of Business Mailing Address							. 1811) 1881) 8811 8811 8811 8811 8811 8		
1887 MCFAR Alpharetta		-	1887 MCFARL						
lf above ar	ddresses are incorrect	in any way line throu	ugh incorrect in	formation and enter c	orrection below.	2000_UBR			
	ncipal Office Address, i		3. New Maili	ng Office Address, If A	Applicable	4. Date incorp To Do Busir	orated or Qualified ness in Florida		
Suite, Apt. /	#, etc.		Suite, Apt. #	etc.		5. FEI Number	04/02/1997		
City & State)		City & State				58-2130489	Not Applicable	
Zip	Countr	у	Zip 33602	<u>, FL 0300.:</u> Country ΠΩ	, 5A	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status	
7. Names a	and Street Addresses of	of Each Officer and/c	or Director (Flo	rida nonprofit corporat	·	ast 3 directors)			
Title(s)	. a	lame of Officers ind/or Directors		Offi	et Address of Each icer and/or Director	۰ ۲	City / Sta	ate / Zip	
 DP	2 Montana, jaime			3 17858-66TH AVE		······································	SURREY, BC V3S-7X1		
∼D 9	STRIKE; C GLEN			505 CONSUMERS RD #801			WILLOWDALE; ONTARIO	M2J-4V8 ··	
Đ	YONTIF, BARFY			70 UNIVERSITY AVE #1400			TORONTO, ONTARIO M5J 2M4		
• Ŧ	CUNNINGHAM, ROGER			17858-68TH AVE			SURREY, BC V3S 7X1		
	see ATTACHED LISTING			9		90	000034839192		
							****158.00	****150.00	
	8. Name and A	ddress of Current R	legistered Age	ent		9. Name and Address of New Registered Agent			
00000		COMDANIV			Name 1	NRAE SERVICES, INC P.O. Box Number is Not Acceptable) 26 E. PARK AVENUE			
	Dration Service (IAYS STREET	COMPANY			Street Address (I	1 NRAE SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE			
TALLAHASSEE FL 32301-2525				Suite, Apt. #, Etc.			<u> </u>	č. – Č	
					City	LLAHASSE	State	Zip Code 32.30/	
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 REGISTERED AGENT MUST SIGN Date Date									
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 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 DENING OFFICER OR DIRECTOR									
			*					0000342 AF	

200

400 North Tampa Street Tampa FL 33602

Federal Identification # 58-2130489

Date of Incorporation June 8, 1994

State of Incorporation **DELAWARE**

Document #

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Telephone # Fax # Toll Free #

TITLE NAME SS# STREET ADDRESS CITY/STATE

Officers

CEO P	ROBERT A PEISER THOMAS TIPPS	067 38 2205 457 76 4929	326 Lakewood Drive, Bloomfield Hills MI 48304 5310 Lampasas Street, Houston, TX 77056
	BRIAN FULLER KIMBERLY JOHNSON		17825 Osprey Pointe Place, Tampa FL 33647 4514 Ferncroft Circle, Tampa FL 33624
	REAS RHIANNON KUBICKA		• •

Directors

ROBERT A PEISER067 38 220526 Lakewood Drive, Bloomfield Hills MI 48304BRIAN FULLER595 50 334917825 Osprey Pointe Place, Tampa FL 33647THOMAS TIPPS467 76 49295310 Lampasas Street, Houston, TX 77056



UCC Filing & Search Services, Inc. 526 East Park Avenue Tallahassee, Florida 32301-2551 (850) 681-6528 (800) 822-5436 Facsimile: (850) 681-6011

November 15, 2000



Florida Secretary of State Reinstatement Section 409 E Gaines Street Tallahassee, Florida 32399

RE: Complete Pride Beverages, Inc.

Dear Sir/Madam:

Enclosed please find our check in the amount of \$150.00 representing the annual report fee for the above referenced company.

Subsequent to last year, the company's mailing address changed from Alpharetta, Georgia as reflected on the form to 400 North Tampa Street, Tampa, Florida 33602. As a result of the change, the annual reports were not received in the Tampa Office and the company was revoked.

Because of the relocation of the accounting functions, we respectfully request that you waive the reinstatement penalty of \$600 and reinstate the company.

Sincerely,

W. Edward Hand President