

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000001045

1. Corporation Name

CENTRAL EUROPEAN DISTRIBUTION CORPORATION

Principal Place of Business

Mailing Address

1343 MAIN STREET
SARASOTA FL 34236

1343 MAIN STREET
SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable

1343 Main Street

Suite, Apt. #, etc.

Suite 301

City & State

SARASOTA

Zip 34236

Country FL

3. New Mailing Office Address, If Applicable

1343 Main Street

Suite, Apt. #, etc.

Suite 301

City & State

SARASOTA

Zip 34236

Country FL

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1998

5. FEI Number

54-1865271

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PC	CAREY, WILLIAM V	1343 MAIN STREET	SARASOTA FL 34236
VP	PETERSON, JEFFREY	1343 MAIN STREET	SARASOTA FL 34236
VCFO	ANTONISIK, DOROTA NEIL CROOK	UL. LUBELSKA 10 Ul. Boksterska 66 A	POLAND
D	GROSSMANN, JAMES T	1343 MAIN STREET	SARASOTA FL 34236
D	KELLY, JAMES B Jan Laskowski	1343 MAIN STREET Ul. Boksterska 66 A	SARASOTA FL 34236 POLAND
D	RICHARDSON, JOE M	1343 MAIN STREET	SARASOTA FL 34236

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22

941 330 1558



CENTRAL EUROPEAN DISTRIBUTION CORPORATION

www.ced-c.com / cedc@ced-c.com

ul. Bokzerska 66A
02-690 Warsaw, Poland
Telephone: 48-22-455-1800
Fax: 48-22-455-1810

1343 Main Street, # 301
Sarasota, Florida 34236
Telephone: (941) 330-1558
Fax: (941) 330-9617

Monday October 22, 2001

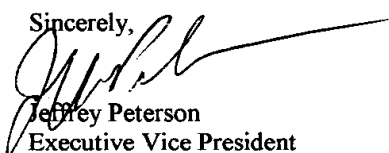
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Central European Distribution Corporation did not receive the previous notices for 2001 to file with the Department of State, a corporation annual report/uniform business report to maintain active status in the State of Florida.

For this reason, I, Jeffrey Peterson, EVP, Central European Distribution Corporation, kindly ask you to waive the \$600 late fee for reinstatement. Please find enclosed a check of \$150.00 for the annual report and corporate supplemental fees.
Please accept again my apologies and thank you very much for your understanding.

Sincerely,



Jeffrey Peterson
Executive Vice President