PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 JUL 31 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400159082924
07/30/09--01056--012 **1058.75

REINSTATEMENT 03-09

DOCUMENT # F99000002730

1. Corporation Name

Ultimate Juice Co

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
555 W Monroe St		700 Anderson Hill Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
11-08		Tax 1/3 138	
City & State		City & State	
Chicago, IL		Purchase NY	
Zip	Country	Zip	Country
60661	US	10577	US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
14-1749554
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Registered Agent Solutions, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Dr

Suite, Apt. #, Etc.
Suite A

City	State	Zip Code
Tallahassee	FL	32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Sean Kewitt, Asst. Secretary Date: 7-10-09

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mikel Durham	555 W Monroe Street	Chicago IL 60661
S	Brett Well	555 W Monroe Street	Chicago IL 60661
T	Darrell Thomas	555 W Monroe Street	Chicago IL 60661
V	Jeffery Hummel	555 W Monroe Street	Chicago IL 60661
V	Charles Mueller	700 Anderson Hill Road	Purchase NY 10577
D	Thomas H. Tamoney Jr	700 Anderson Hill Road	Purchase NY 10577

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 contained in Chapter 119, 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] 7/16/09 312-821-1716

SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #