PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9900002730

1. Corporation Name

SARATOGA BEVERAGE GROUP, INC.

Principal Place of Business

Mailing Address

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

330 NORTH US HIGHWAY #1 FT. PIERCE FL 34950

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2. New Principal Office Address, If Applicable				New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 05/27/1999		
			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
			City & State		4.844.4.867	1	14-1749554	Not Applicable	
Zip		Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED 🗆 S	8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
PG00-	O ZEIGLER, JOSEPH			4513 NORTH-BROAD STREET			LANSDALE PA 19446		
\$	FONZI, IRENE			7500 COQUINA DRIVE			NORTH BAY VILLAGE FL 33141		
CEO	KEN, ROMANSKI ROMANZI			180 MT. AIRY ROOD			HEWARK NJ 07105 BOEKING SKOCE, NJ 07930		
-	T BARQUIN, CURT			330 NORTH US HIGHWAY 1			FORT PIERCE FL 349	50	
						90) 12/26/1	00096887 0201033004	°6.9 **750.00	
8. Name and Address of Current Registered Agen						9. Name and	i Address of New Registered Agent		
FONZI, IRENE 7500 COQUINA DRIVE NORTH BAY VILLAGE FL 33141						Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Étc.			

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. or 617.0505, F.S.

Signature of Registered Agent USIGNATURE REQUIRED

Date 12/17/02

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 OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/02
Date | Davime Phone #

CR2E040 (8/02)