

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT  
San B. M. ...  
DIVISION OF CORPORATIONS

DOCUMENT # K45389

1. Corporation Name

6TH AVENUE DISCOUNT BEVERAGE, INC

Principal Place of Business

Mailing Address

15046 NE 6th Avenue  
North Miami, FL 33161

15046 NE 6th Avenue  
North Miami, FL 33161

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Nov. 15, 1988

5. FEI Number

65-0082665

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	JOSE J. DUARTE	3955 NOB HILL RD., #508	SUNRISE, FL 33351

400002239464--3  
-07/16/97--01060--007  
\*\*\*\*373.75 \*\*\*\*373.75

8. Name and Address of Current Registered Agent

HUMBERTO DIAZ

15046 NE 6TH AVENUE  
NORTH MIAMI, FL 33161

9. Name and Address of New Registered Agent

Name

JOSE J. DUARTE

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

15046 NE 6TH AVENUE

Suite, Apt. #, Etc.

City

NORTH MIAMI

State

FL

Zip Code

33161

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

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 #

CP2E040 (12/96)