PLEASE; READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORAT: N-



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCL	JMENT#	K80864
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1. Corporation Name

JFS Enterprise, Inc.

· HEIGH OF	LEB Y OF STATE CORPORATION
03 OCT -9	PM 12: In

200023923122 10/20/03-01007-003 **750.00

					107 407 03)OTOU!	UU3 **10t	J.[][]
2. Principal Office Address 1001 13th Avenue East Suite, Apt. #, etc.		3. Mailing Office Address 700 Anderson Hill Road Suite, Apt. #, etc. c/o PepsiCo, Inc.		REINSTATEMENT 03 Date Incorporated or Qualified 4 17 89 To Do Business in Florida			<u>03</u>	
City & State Brader	nton, Fl		City & State	Y	5. FEI Number			Applied For
Zip 34208	Countr		Purcahse, N Qurchase 10577	Country USA	6.	33108 STATUS DESIRED	S8.75 Additi	Not Applicable onal Fee required ificate of Status
			7. Name and A	Address of Current Registe	ered Agent			
	Name CT Corporation System							
	Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road							
	Suite, Apt. #, Etc.							
	City Plantat	ion				State Zip Cod		
8. I, being	appointed the register	ed agent of the abo	· ·	amiliar with and accept the o	obligations of section 6	07.0505 or 617.0	503, F.S.	
Signature of Registered A		Conne	CONNIE Bay - SPECIAL A EGISTÁRED AGENT MUST	ASSISTANT SECRE	TA#\	Date	10 9 03	
9. Names	and Street Addresses	of Each Officer and	d/or Director (Florida nonpro	fit corporations must list at le	east 3 directors)			
Titles			Street Address of Eac		c	City / State / Zip		

Titles	Officers and/or Directors	Officer and/or Director	City / State / Zip
D	Thomas J. Ryan	mail code 16-04 555 W. Monroe Street	Chicago, IL 60610
P P	Matthew A: Kane	1001 13th Avenue East	Bradenton, FL 34208
S	Natalie Butto	1001 13th Avenue East	Bradenton, FL 34208
AT	Joseph Liguori	700 AndersonaHill 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 filling 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.

SIG	NA	ΓUF	łΕ:

_ Jose	12/11	Lian	on
SIGNATURE AND	PED OR PRI	NTED NAME OF S	SIGNING OFFICER OR DIRECTOR

Joseph Liguori

Date

10/07/03 914-2532000

Daytime Phone #

/UP/ 10UZUGU