

L11000033814

Florida Department of State
Division of Corporations
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To: Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

PEPSI-COLA BOTTLING COMPANY OF FT. LAUDERDALE-PALM B

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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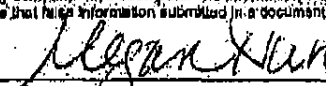
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L11000038814 1. Limited Liability Company Name Pepsi-Cola Bottling Company of Ft. Lauderdale-Palm Beach, LLC			
2. Registered Office Address - Not P.O. Box # 1 Pepsi Way Suite, Apt. #, etc.		3. Mailing Office Address 1 Pepsi Way Suite, Apt. #, etc.	
City & State Somers, New York Zip 10589		City & State Somers, New York Zip 10589	
Country US		Country US	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 10/26/1926	
6. FEI Number 59-0389260		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324			
Email Address: Rosanna.DeVeau@pepsico.com			
(To be used for future annual report notices)			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Anusha Putty Vice President Date 11/7/2012 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title:	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Robert K. Biggart	1 Pepsi Way	Somers, NY 10589
MGR	Megan M. Hurley	1 Pepsi Way	Somers, NY 10589
MGR	Charles F. Mueller	700 Anderson Hill Rd	Purchase, NY 10577
MGR	Victor De Hoyos	700 Anderson Hill Rd	Purchase, NY 10577
REINSTATEMENT 2012			
11. I, certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated; the limited liability company name satisfies the requirements of section 606.406, F.S.; and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 812.16, F.S. Signature of Managing Member/Manager  Megan M. Hurley Date 11/7/12 Daytime Phone # Typed or printed name of Managing Member/Manager: Megan M. Hurley			