PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -4 PM 3:11

DOCUMENT # M15441

1. Corporation Name

Best Beverages, Inc.
14605 S.W. 57 Terrace
Miami, FL 33183

REINSTATEMENT 99-03

2. Principal Office Address	3. Mailing Office Address
14605 S.W. 57 Terr	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: same
Zip: 33183 Country: USA	Zip: same Country: same

4. Date Incorporated or Qualified To Do Business in Florida: May 14, 1985

5. FEI Number: 59-2531793 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Ronald Cutler

Street Address (P.O. Box Number is Not Acceptable): 1172 Pelican Bay Drive

Suite, Apt. #, Etc.:

City: Daytona Beach State: FL Zip Code: 32119

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Ronald Cutler Date: 3/3/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
Pres	Joseph W. Saliba	14505 S.W. 57 Terrace	Miami, FL 33183

400013516144
03/04/03 01070-002 **350.00

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 under section 118.07(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] 3/3/03 (305)477-7227

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