PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N1222

1. Corporation Name

JOSEPH'S CUPBEARERS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

600 BYPASS DRIVE. STE. 210 CLEARWATER FL 33764 600 BYPASS DRIVE. STE. 210 CLEARWATER FL 33764

US

FILED

02 OCT 25 PM 12: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REIMSTATEMENT OT



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If above a	-dd-0000 0r0	incorrect in any way line th	rough incorrect in	oformation a	nd enter correction below		'0201011023	**238.25	
	above addresses are incorrect in any way, line through incorrect in New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/25/1985			
Suite, Apt. #, etc. Suite, Apt. #,			etc.		5. FEI Numbe	5. FEI Number Applied I			
City & State City & Stat			City & State			=	59-2648957 Not		
Zip	Country Zip			Country 6.			TE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonprof	it corporations must list a	t least 3 directors)			
Title(s)	Name of Officers			Street Address of Each Officer and/or Director		ach	City / State / Zip		
Ć	BADGER, BERKLEY C		324 WESTGATE ROAD			TARPON SPRINGS FL 34689			
Ď	DAVIS, JAMES M			P.O. BOX 817		OLDSMAR FL 34677			
Ď	PRICE, JOHN C DR.			P.O. BOX 11291			SHADY HILLS FL 34610		
D ,	DJONES, DAVID E			2488 CORONET COURT			SPRING HILL FL 34609		
						þ	of cohe		
8. Name and Address of Current Registered Agent							9. Name and Address of New Registered Agent		
	·=\·	*****			Name				
						Street Address (P.O. Box Number is Not Acceptable)			
600 BYPASS DRIVE, STE. 210 CLEARWATER FL 33764					Suite, Apt. #,	Suite, Apt. #, Etc.			
					City	City State Zip Code			
10. I, bein	ig appointed th	e registered agent of the al	1				ion 607.0505, F.S. or 617.050		
Signature of Registered Agent SIGNATERE REQUIRED Date 10-21-02 Berkley C Badger REGISTERED AGENT MUST SIGN									
11. I certif	y that I am an	officer or director or the rec	eiver or trustee er	npowered to	execute this application	as provided for in ch	apter 607 or 617, F.S. I furthe	r certify that when filing	

1. 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 SALVATA DEFACTOR OF DESCRIPTION OF THE OF SHAPE OF SHAPE

10/21/02

Daytime Phone #

Joseph's Cupbearers International, Inc.

600 Bypass Drive, Suite #210, Clearwater, FL 33764 TEL 800-334-3442 • 727-455-1758 • FAX 727-791-1960

October 21, 2002

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
Annual Report/Reinstaztement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: Revised list of officers and directors

Dear Mr. Smith:

Please find the below list of new directors for Joseph's Cupbearers International, Inc. The names on the form are no longer officers and directors.

Thank you for your assistance in this matter.

Enclosed please find the appropriate fee check attached.

Sincerely

Berkley C Badger Registered Agent WING . My

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Title	Name of Directors	Street Address	City, State, Zip
Director President Chairman	Milton Pasco	2942 Drew St, #1517,	, Clearwater, FL 33759
Director V.P	Bob Browne	1055 Charles St.	Clearwater, FL 33759
Director Sec/Tres	Barbara Parent	612 Charisma Dr., Ta	rpon Springs, FL 34689-3902