PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2007 OCT 30 PH 12: 43
DOCUMENT # N-23897 1. Corporation Name WORLD ASSOCIATION OF THE ALCOHOL WORLD ASSOCIATION OF THE ALCOHOL BEVERAGE INDUSTRIES, INC. (WAARI)		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # \$\begin{align*} \text{S1269W, 8395TREET} \\ \text{Suite, Apt. #, etc.} \end{align*}	3. Mailing Office Address P. D. BOX 014701 Suite, Apt. #, etc.	CR2E081 (1/07)
City & State M/AM/, FL Zip Country 33/43 M 14M/ DAG	City & State MIAMI, FL Zip Country BAIO MANI PART	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number — Applied Eur Not Applicable 6. CERTIFICATE OF STATUS DESIRED 3373 Additional George (1976) Corp Conflictional Status
7. Name and Address of Current Registered Agent Name CHARLES D. COUNTIN Street Address (P.O. Box Number is Not Acceptable) SIZES W S STREET Suite, Apt. #, Etc. City M/AMI State FL 33/43		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. 1, 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		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Eacl Officer and/or Directo	
PRES CHARLES D.C.	00NTIN 81265W 83	
GE GLADYS POR		INIE MIAMIE ZZIZE
TR. SID LINDNE		4UE MIAMI, FL 33/44
REINSTATEMENT 800111467948 05-07		
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 contained in Chapter 119, 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		