

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P00000079925</u>			
1. Corporation Name <u>UNITED BEVERAGE BRANDS OF FLORIDA INC.</u>			
2. Principal Office Address <u>2027 SAN MARCOS</u> Suite, Apt. #, etc. <u>241</u> City & State <u>WINTER HAVEN FL</u> Zip <u>33880</u> Country <u>USA</u>		3. Mailing Office Address <u>P O BOX 667</u> Suite, Apt. #, etc.  City & State <u>HAINES FL</u> Zip <u>33845</u> Country <u>USA</u>	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <u>593674187</u>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name <u>GEORGE ARVANITAKIS</u> Street Address (P.O. Box Number is Not Acceptable) <u>30 ROCK CIRCLE</u> Suite, Apt. #, Etc.  City & State <u>HAINES FL</u> Zip Code <u>33844</u>			
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 <u>[Signature]</u> Date <u>12-26-02</u> REGISTERED AGENT MUST SIGN			
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 Each Officer and/or Director	City / State / Zip
PRES	MICHAEL S GORFEE	9414 CRESENT LOOP CIR	TAMPA FL 33619
V.P.	GEORGE ARVANITAKIS	30 ROCK CIRCLE	HAINES FL 33844
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 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>12-26-02</u> 863-287-1072 Daytime Phone #	

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FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

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