

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 12 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000068551

1. Corporation Name
THE GRIP BEVERAGE INSULATORS, INC.

2. Principal Office Address

3381 N. HILLS DRIVE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

3. Mailing Office Address

3381 N. HILLS DRIVE

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/2001

5. FEI Number

65-1121484

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

GENE H SONNABEND

Street Address (P.O. Box Number is Not Acceptable)

3381 N. HILLS DRIVE

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date

11-26-02

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
PD	GENE H SONNABEND	3381 N. HILLS DRIVE	HOLLYWOOD, FL 33021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-26-02 954-458-

Daytime Phone # 0400

CR2E081 (9/01)

COMPLETE ACCOUTING SERVICES

P.O. BOX 771210
CORAL SPRNGS, FL 33077-1210
Tel # 954-346-7288
Fax # 954-346-7217

November 14, 2002

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: UBR/P01000068551/The Grip Beverage Insulators, Inc.

To Whom It May Concern:

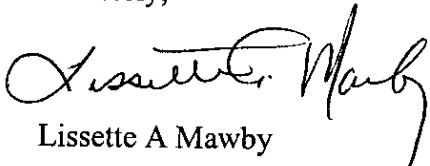
This is to request acceptance of the enclosed corporate renewal/reinstatement filing. The client did not receive the UBR form in the mail (see change of address) it is the client's responsibility to file the corporate annual report. We do not file the corporate annual report for our clients unless is given to us for filing.

Enclosed find check for \$150.00 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,



Lissette A Mawby