

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000098518

1. Corporation Name

SOUTH ATLANTIC BEVERAGE INC

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33060

Country

US

3. Mailing Office Address

2310 NW 3RD AVENUE

Suite, Apt. #, etc.

City & State

Zip

33060

Country

US

7. Name and Address of Current Registered Agent

Name

MICHAEL K KURUVILLA

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

6451 NW 65 TERRACE

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33067

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

Date

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
P	MICHAEL K KURUVILLA	6451 NW 65 TERR	PARKLAND, FL 33067
VP	SHEELA M KURUVILLA	6451 NW 65 TER	PARKLAND, FL 33067

10. E-mail Address:

(To be used for future annual report notification)

11. 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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2012 JUN 28 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (11/10)

10-12

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/2001

5. FEI Number

65-1144592

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000236936580
06/28/12--01002--005 **1050.00