

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000113053

1. Corporation Name

JUVIA BEVERAGE GROUP, INC.

Principal Place of Business

250 CAGLE ROAD
ROSWELL GA 30075

Mailing Address

250 CAGLE ROAD
ROSWELL GA 30075

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/28/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|-------------------------------------------|--------------------------------------------------------|-------------------------|
| D | HARFORD, MARGARET | 250 CAGLE ROAD | ROSWELL GA 30075 |
| D | HARFORD, JAMES J | 250 CAGLE ROAD | ROSWELL GA 30075 |
| D | HARFORD, ERIC | 250 CAGLE ROAD | ROSWELL GA 30075 |
| | | | |
| | | | |
| | | | |

100008734541
10/31/02--01108--009 **150.00

8. Name and Address of Current Registered Agent

SAMUELS, LEONARD K
350 EAST LAS OLAS BLVD SUITE 1000
FORT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 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

Daytime Phone #

CR2040 (9/02)



HARFORD ASSOCIATES, INC.

250 Cagle Road
Roswell, Georgia 30075

JAMES J. HARFORD
PRESIDENT

E-MAIL
JJHARFORD@EARTHLINK.NET

October 29, 2002

Ladies and Gentlemen:

Enclosed are two personal checks in the amount of \$150.00 each for reinstatement of the following corporations

- Harford & Associates Inc.
- Juvia Beverage Group Inc

Please be advised that we only received the Notice of Administrative Dissolution or Revocation last week.

Also, Juvia Beverage Group, Inc. has just been incorporated this year and has not begun formal operations to produce product and revenues.

Thank you for your attention to this matter

Sincerely,



James J. Harford