

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01350

1. Corporation Name

MOXIE'S, INC.

Principal Place of Business

Mailing Address

DIAGEO INC.
200 S. 6TH STREET, M/S 08X3
MINNEAPOLIS MN 55402-1464

DIAGEO INC.
200 S. 6TH STREET, M/S 08X3
MINNEAPOLIS MN 55402-1464

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

02/05/02--01093--001

03/23/1984

5. FEI Number

72-0994099

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	MALAMATINAS, DENNIS NOVAK, PAUL	713 Crandon Blvd, Apt #4	Key Biscayne, FL 33149
DVS	SILVA, ENRIQUE Blum, W. Barry	7420 S.W. 106 Street	Miami, FL 33157
AS	MILLER, Bruce	232 BRECKERS LANE	STRAFFORD, CT 06415
DVT	Beuanton, Maureen	733 Lake Boulevard	Weston, FL 33326
VAS	BLUM, W. BARRY Morales, Toni	4601 S.W. 64th Court	Miami, FL 33155
VAS	KINNERSLY, PHILIP Prysher, Craig	10110 S.W. 129 Terrace	Miami, FL 33176

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite

City

State

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.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

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 #

FILED

02 JAN 28 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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****750.00 ****750.00

CR2E040 (8/01)