

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P02000132703

1. Corporation Name

A & B BEVERAGE INC

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

1197. S. CONGRESS AVE

WEST PALM BEACH, FL

33406

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0654877

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (1/07)

**7. Name and Address of Current Registered Agent**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Bhuvesh Patel

15067-NAUTICA LAKE CIR

GREENACRES

FL

33463

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Bhuvesh Patel

REGISTERED AGENT MUST SIGN

300102636033  
05/16/07-01027-017-\*\*\*450.00

**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	Bhuvesh Patel	1197. S. CONGRESS AVE 5067 NAUTICA LAKE	GREENACRES FL 33463

REINSTATEMENT 05-07 B4/ 26/07

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 contained in Chapter 119, 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:

Bhuvesh Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# A & B BEVERAGE INC

1197 S. CONGRESS AVE

WEST PALM BEACH FL 33406-5114

Ph.no (561-969-9865) Fax no. (561-391-5158)

E-Mail : yogidonut@ yahoo.com

Dt.: 04/19/07

To whom ever it may concern,

Ref. Number : **P 02000132703**

This is in regard with the reinstatement of the **A & B BEVERAGE INC**

We had not received any letter for the reinstatement of the A & B BEVERAGE INC. till date, that's the reason we could not make it for.

Herewith we are sending these documents back with the check as per the conversation for \$ 450.00

If you have any questions in this regard please feel free to contact me or mail me at above mentioned address or call me at 561-310-9860.

Sincerely,

Bobby Patel