

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN -7 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p05000014463

1. Corporation Name

michael's discount beverage#2 inc.

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

619 n. hwy 19

Suite, Apt. #, etc.

City & State

crystal river fl.

Zip

34429

Country

U.S.A

3. Mailing Office Address

1745 e ramon rd

Suite, Apt. #, etc.

38

City & State

palm springs ca.

Zip

92264

Country

U.S.A

700139916027

01/08/09--01001--003 **1000.00

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/2005

5. FEI Number

☒ 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

fadi kassab

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

4041 pittman dr.

Suite, Apt. #, Etc.

City

jacksonville

State

FL

Zip Code

32207

☐ 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

Fadi Kassab

REGISTERED AGENT MUST SIGN

Date 12-31-08

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	fadi kassab	4041 pittman dr.	jacksonville fl. 32207
vp	ayman kassab	4041 pittman dr.	jacksonville fl. 32207

700139916027

01/08/09--01001--004 **358.75

REINSTATEMENT

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:

Fadi Kassab

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-31-08

Date

904-7422222

Daytime Phone #