PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

FEDWAY ASSOCIATES, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

			•	REMSTATEMENT	171
Principal Office Address Bldg. #56 / #44 / #45 Fuite, Apt. #, etc. River Terminal Developmen		3. Mailing Office Address P.O. Box 519 Suite, Apt. #, etc.		4. Date Incorporated or Qualified	
Kearny,	New Jersey		New Jersey	22-0905070	Not Applicable
07032	USA	^{Zip} 07032	Country USA	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
		_			

7. Name and Addr	ess of Current Registered Agent	t
Name		
Alan: Shayne /SderrysZimmerman	(JERAL BEVERAGES,	INC.)
Street Address (P.O. Box Number is Not Acceptable)		
4604 N. Hiatus Road		-000005501190-
Suite, Apt. #, Etc.	•	-05/09/02010720
Suite 104	70	
City -		***1050.00 ***105 State Zip Code
Sunrise,		FL 33351

he 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 Date <u>April 24, 2002</u> Registered Agent

of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip P/V-Richard B. Leventhal 47 Essex Drive Tenafly, NJ 07670 _T/D__ Asst. 315 Nutley Avenue <u>Michael Dokachev</u> Nutley, NJ 07110 Sec.<u>!</u>y

10. I certify that I am an officer or virector 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 has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the Apperation 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 is the and accurate, and my signature shall have the same legal effect as if made under oath. on this applica

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

Richard B. Leventhal 4/26/02 (973) 624-6444

Daytime Phone #