

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 NOV 26 PM 5:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P28389

1. Corporation Name

TQW COMPANY

Principal Place of Business

Mailing Address

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

DIAGEO INC.  
200 SOUTH 6TH ST. 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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/06/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

74-2086374

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DVS	Blum, W. Barry	17777 OLD CUTLER RD	MIAMI FL 33157
DVT	Bellatoni, Maureen	17777 OLD CUTLER RD.	MIAMI FL 33157
DP	NOVAK, PAUL	17777 OLD CUTLER RD.	MIAMI FL 33157
AS	Miller, Bruce	6 LANDING K SQUARE	STAMFORD, CT 06901
VAS	Morales, Tony	17777 OLD CUTLER RD	MIAMI FL 33157
VAS	Prusher, Craig	17777 OLD CUTLER RD	MIAMI FL 33157

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

300004733173-8

12/19/01-01060-005

\*\*\*\*750.00 \*\*\*\*750.00

State

Zip Code

FL

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

10/31/01

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

Bruce D. Miller

10/19/01 (612) 330-4417

Date

Daytime Phone #

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**TQW COMPANY**  
**Effective September 21, 2001**

**DIRECTORS**

Maureen B. Bellantoni  
W. Barry Blum  
Paul Novak  
Julio Ramirez

**OFFICERS**

President	Paul Novak
Vice President and Treasurer	Maureen B. Bellantoni
Vice President and Secretary	W. Barry Blum
Vice President	Amy Knights
Vice President and Assistant Secretary	Tony Moralejo
Vice President and Assistant Secretary	Craig Prusher
Vice President and Assistant Secretary	Elsie Romero
Assistant Secretary	Bruce Miller