PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 MAY 19 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004111

1. Corporation Name
America's Best Beverage Company, Inc.

Principal Place of Business
17500 Lochlomond Way
Boca Raton, FL 33496

Mailing Address
SAME

If above addresses are incorrect in any way, are through incorrect information and enter correction below.

REINSTATEMENT 97-00
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | County

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | County

4. Date Incorporated or Qualified To Do Business in Florida
January 13, 1993

5. FEI Number
65-0415017

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SP

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 (Do NOT Use Post Office Box Numbers)	4 City/State/Zip
P/T	Zwi Preminger	17500 Lochlomond Way	Boca Raton, FL 33496
S	Miriam Preminger	Same	

200003265552--2
-05/24/00--01061--014
*******8.75 *******8.75

200003265552--2
-05/24/00--01061--015
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

CT Corporation Systems
c/o CT Corporation Systems
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, Apt. #, Etc.

City | State FL | Zip Code

CR2E044 (1/95)

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 5/19/00
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Zwi Preminger 5/16/00 203-869-6800
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - CT System Online