1&2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 NOV -2 PM 2:43

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000018750

1. Corporation Name: Christie's Beverage, Inc.

200061115772
11/02/05--01020--022 **308.75

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
11 Country Club Rd.	11 Country Club Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Shalimar, Florida	City & State: Shalimar Florida
Zip: 32579 Country: USA	Zip: 32579 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 516526077 ☐ 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: Christine Aufderheide

Street Address (P.O. Box Number is Not Acceptable): 11 Country Club Rd.

Suite, Apt. #, Etc.:

City: Shalimar State: FL Zip Code: 32579

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 _____ REGISTERED AGENT MUST SIGN Date 10/28/05

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	Christine Aufderheide	11 Country Club Rd.	Shalimar, FL 32579
VP	Basil O. Fossum	11 Country Club Rd.	Shalimar, FL 32579

REINSTATEMENT 04+05

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 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: _____ 10/28/05 850-862-2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2

November 2, 2005

I, Basil D. Fossum, did not receive my 2004 annual report notification for Christie's Beverage, Inc.

Basil D. Fossum

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