

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV -2 PM 2:43

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000018750

1. Corporation Name

Christie's Beverage, Inc.

2. Principal Office Address

11 Country Club Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

11 Country Club Rd.

Suite, Apt. #, etc.

City & State

Shalimar, Florida

Zip

32579

Country

USA

City & State

Shalimar, Florida

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

Date

10/28/05

REGISTERED AGENT MUST SIGN

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 D. Fossum	11 Country Club Rd.	Shalimar, FL 32579

REINSTATEMENT 04x05

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/05

Date

850-862-2555

Daytime Phone #

192



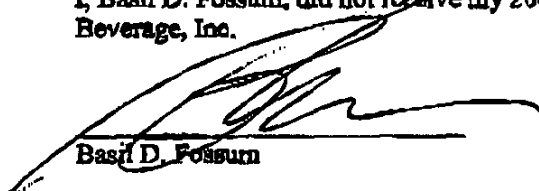
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BLI
DR FOSSUM

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November 2, 2005

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


Basil D. Fossum

FILED
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TALLAHASSEE, FLORIDA
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