

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 23 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** P93000068014 (8)

**1. Corporation Name**

Super Discount Beverages, Inc.

**2. Principal Office Address**

5235 26th St. W.

Suite, Apt. #, etc.

**City & State**

Bradenton, FL 34207

**Zip**

34207

**Country**

Manatee

**3. Mailing Office Address**

5235 26th St. W.

Suite, Apt. #, etc.

**City & State**

Bradenton, FL 34207

**Zip**

34207

**Country**

Manatee

REINSTATEMENT

02

600009046846

11/18/02--01047--001 \*\*750.00

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/24/93

**5. FEI Number**

65-0436276

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Manoj C. Patel

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

5235 26th St. W.

Suite, Apt. #, Etc.

**City**

Bradenton

State  
**FL**

Zip Code  
34207

**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

*MPatel*

Date

11-14-02

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
D/VP	Chandrika Patel	5235 26th St. W.	Bradenton, FL 34207
D/P	Manoj C. Patel	5235 26th St. W.	Bradenton, FL 34207

**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:**

*C M Patel*

*MPatel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/02 941-751-1376

Daytime Phone #

CR2E081 (9/01)