OND FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000075652_ 02 JUN 26 PM 2: 33 1. Entity Name SECRETARY OF STATE COASTAL HEALTH-AGE BEVERAGES, INC. TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1323 SE 17th STREET 1323 SE 17th STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #120.00 05-21-0AL 90349 ળવ PMB 643 PMB 643 City & State City & State 4. FEI Numbe Applied For FORT LAUDERDALE, FL FORT LAUDERDALE, FL 65-0445904 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33316 USA 33316 USA Fee Required 7. Name and Address of Current Registered Agent KENNETH S. YOUNG DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)

1323 SE 17th STREET IN THIS SPACE PMB 643 City FORT LAUDERDALE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** (NOTE: Registered Agent signature required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE PD900006155689551 -07/02/02--01038--010 NAME NAME YOUNG, KENNETH S. STREET ADDRESS STREET ADDRESS 1323 SE 17th STREET, PMB 643 FORT LAUDERDALE, FL 33316 ****150.00 : (*****150:00 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME MURRAY, DONALD E. NAME STREET ADDRESS STREET ADDRESS 2884 NW 121 DRIVE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 CASSAW, LARRY R. NAME NAME STREET ADDRESS STREET ADDRESS 2791 CARRIE DRIVE DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP KENNESAW, GA 30144 IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THILE 196/26 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not gualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an no accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address

PLESIDEN

SIGNATURE:



Melanie D. Kamburian Corporate Paralegal Direct Dial: 561.862.4182 mkamburi@hodgsonruss.com

June 24, 2002

VIA EXPRESS MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ATTENTION: SEAN TONER

Dear Mr. Toner:

Re: Coastal Health-Age Beverages, Inc. (the "Corporation")

Per our telephone conversation, our client incorrectly wrote the Corporation's Employer Identification Number on the 2001 Uniform Business Report (the "Report"). In which case, this action caused your office to reject the attempted filing of the Report yet retained the \$150.00 filing fee. Your records show that a rejection letter was mailed to our client, however, the letter was never received by our client due to change of address.

Unbeknownst to our client, the Corporation was later administratively dissolved with the Division of Corporations. Our client recently received a pre-printed corporate reinstatement application from your office which has the Corporation's Employer Identification Number pre-printed on the Report.

We respectfully request that the penalty fee to reinstate the Corporation be waived due to the circumstances described above.

Per your instructions, please find the 2002 Uniform Business Report for the Corporation, including check no. 414 in the amount of \$150.00, payable to the Florida Department of State representing the state filing fee.

Your cooperation is greatly appreciated in this matter.

Florida Department of State June 24, 2002 Page 2



Very truly yours,

Melanie D. Kamburian

Enclosures

cc:

Anthony L. Dutton Kenneth Young

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