

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR **96-97**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY -2 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000011474**

1. Corporation Name **AMAZON BEVERAGE CORPORATION**

Mailing Address Principal Place of Business  
**7111 GRAND NATIONAL DR SUITE 106**  
**ORLANDO, FL 32819**

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

**7111 GRAND NATIONAL DR**

Suite, Apt. #, etc.  
**106**

City & State  
**ORLANDO, FL**

Zip Country  
**32819 USA**

3. New Principal Office Address, If Applicable

**7111 GRAND NATIONAL DR**

Suite, Apt. #, etc.  
**106**

City & State  
**ORLANDO, FL**

Zip Country  
**32819 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/10/94**

5. FEI Number

**65-0470586**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
<b>D/P</b>	<b>CARLOS AUGUSTO BATALHA</b>	<b>8701 SOUTH BAY DR</b>	<b>ORLANDO, FL 32819</b>
			<b>700002173277-4</b>
			<b>-05/09/97-01097-012</b>
			<b>***915.00 ***915.00</b>

REINSTATEMENT **96-97**

**G. Wan**  
**5/21/97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JOHN H. FRIEDHOFF, ESQ.**  
**FOWLER, WHITE, HURLEY, BANICK, STRONG,**  
**P.A.**  
**175 N.W. FIRST AVENUE**  
**SUITE 1100**  
**MIAMI, FL 33128**

Name  
**CARLOS AUGUSTO BATALHA**  
Street Address (P.O. Box Number is Not Acceptable)  
**8701 SOUTH BAY DRIVE**  
Suite, Apt. #, Etc.  
City  
**ORLANDO**  
State  
**FL**  
Zip Code  
**32819**

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

**CARLOS BATALHA**

REGISTERED AGENT MUST SIGN

Date

**4/29/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for  
additional information.)

12. 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.)

13. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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:

**CARLOS BATALHA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/97 (407) 354-0999**  
Date Daytime Phone #

CR20040 (6/94)