

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 24 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

994000012685
Asa Beverage Brokers, Inc.

Principal Place of Business

Mailing Address

938 Cool Springs Circle
Ocoee, FL 34761

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

2. New Principal Office Address, If Applicable

SAME

3. New Mailing Office Address, If Applicable

938 Cool Springs Circle

4. Date Incorporated or Qualified
To Do Business in Florida

1994

City & State

City & State

Zip

Country

Zip

Country

0coee FL

34761

ORANGE

5. FEI Number

59-3236341

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
Pres.	MARK Anderson	938 Cool Springs Circle	Ocoee, FL 34761

600002358046- - 1
-11/26/97-01083-009
****165.00 ****165.00

7/8/97
11/24/97

8. Name and Address of Current Registered Agent

MARK Anderson
938 Cool Springs Circle
Ocoee, FL 34761

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Mark L Anderson

REGISTERED AGENT MUST SIGN

Date

11-19-97

11. 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.)

12. 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:

MARK L. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark L Anderson

Date

11-19-97

Daytime Phone #

407-293-4515

CR2040 (12/96)



(2)

ASA BEVERAGE BROKERS, INC.

Professional Brand Management

Wednesday, November 19, 1997

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

Inclosed you will find the application for reinstatement of Asa Beverage Brokers, Inc. Also, a check for \$165.00 for our annual report fee, and the corporate supplemental fee.

I am requesting that the reinstatement fee be waived. I have moved the corporate office, and did not receive the announcement in the mail. If I can be of further assistance please advise.

Sincerely,

Mark L. Anderson
President
Asa Beverage Brokers, Inc.
938 Cool Springs Circle
Ocoee, FL 34761
PH: 407-293-4515