04/24/2008 THU 10:41 FAX 630 719 1729

FILED 002/002

2008 APR 24 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/07)

DOCUMENT # P94000031782

1. Corporation Name
Fairways Beverage Corp.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
10770 Columbia Pike		10770 Columbia Pike	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Silver Spring, MD		City & State Silver Spring, MD	
Zip 20901	Country USA	Zip 20901	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 04/27/1994

5. FEI Number 521879806 ☐ 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: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Barbara J. Christman Date: 4-24-08
REGISTERED AGENT MUST SIGN BARBARA J. CHRISTMAN ASST. SECY.

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/C/D	Kevin P. Hanley	10770 Columbia Pike, Suite 200	Silver Spring, MD 20901
V/T/D	Charles G. Warczak, Jr.	10770 Columbia Pike, Suite 200	Silver Spring, MD 20901
V/G/S	Pamela M. Williams	10770 Columbia Pike, Suite 200	Silver Spring, MD 20901

REINSTATEMENT
04-08

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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] 4/24/08 301 592-3591
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: PAMELA M. WILLIAMS — Date — Daytime Phone #

APR. 24. 2008 3:30PM C S C NO. 887 P. 2/2

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

FAIRWAYS BEVERAGE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,350.00

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