

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071262**

1. Corporation Name

TRIARC SALES CORP

2. Principal Office Address

1450 SW 62 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33144

Country
USA

3. Mailing Office Address

1450 SW 62 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33144

Country
USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/94 SP

5. FEI Number

605-0525227

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

JULIO PUJOL

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

1450 SW 62 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33144

600003203876-6

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*****308.75 ***308.75**

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

JULIO C. PUJOL

REGISTERED AGENT MUST SIGN

Date

2/17/00

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
PRES	JULIO PUJOL	1450 SW 62 AVE	MIAMI, FL 33144

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:

JULIO C. PUJOL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/00

Daytime Phone #

305-753-5430

CR2E081 (9/99)