	PLEASE REAL	ALL INS	FRUCTIONS	BEFORE	COMPLET	ING THIS FOR	М	
APPLICATION FOR REINSTATEMENT PLASE BEAD ALL INSTRUCTIONS BEFORE OF STATE OF STATE OF SANDRA B. Mortham Sandra B. Mortham DIVISION OF CORPORATIONS						7		
DOCUMENT # P94000087496					97 NOV 24 PM 4: 12			
1. Corporation Name FLORIDA INTERNATIONAL BEVERAGE CORP.					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
	lace of Business MEST 60 STREET 3186	6972 NORTHY	Malling Address 6972 NORTHWEST 50 STREET MIAMLEL 33166					
2. New Pri	Incipal Office Address, If Applicable	3. New Mall	3. New Malling Office Address, If Applicable Sulte, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 12/02/1994		
1 FT. 1	NUDERDINE IT	City & State	E 17 WAY		5. FEI Number	65-0537068 Applied For Not Applicable		
Zip	\$330\ Country	70 Zo 3330	AUDERDALE Country		6. CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer a			ations must list at k	<u></u>		Tor a definition of duties	
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number		ch or : Numbers)	rs) 4 City / State / Zip			
P	MONTES, EDUARDO		72-NORTHWEST 50-STREET		MIAMI FL 33188			
			FT. LANDERDALE FL			FT. LAUDERDALE FL 33301		
				40002358064 C -11/26/9701003015 ****165.00 ****165.00				
	8. Name and Address of Curre	nt Registered Age	ent		9. Name and	Address of New Register	ed Agent	
MONTES, EDUARDO 6970 NW-50 STREET MIAMI FL 33166				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. FT LAUDERDALE City State Zip Code FL 32330				
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 Date RESISTERED AGENT MUST SIGN							19 197	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No								
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 corporato 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 logal effect as if made under oath.								
SIGNATURE: NOV. 19 197 (954) 784-6635 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								



November 18,1997

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

The purpose of this letter is to request a waiver of the late fees pertaining to the corporation fees for the 97-98 period.

The reason for this request is that, unfortunately, our main offices were transferred to another city on November '96 and the notice of renewal was sent to the former address. Together with any other correspondence that may have been directed to our company by your offices during the past year. The only corresponce that we received, including the notice of dissolution, arrived to our new location this past October 25 making it impossible for us to make the filing due date.

We are, therefore requesting from you to please waive those late fees for this one time only. We understand that should you decide to grant us the credit this will be a one-time-only procedure and that this will not happen again.

Enclosed please find a check for \$165 which will pay for our regular corporation fees for the 97-98 period.

Thanking you in advance, I remain,

Sincerely,

Florida Int'l. Beverage Corporation

Ft. Lauderdale, FL