

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



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

02 OCT 25 AM 10: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 94000087500**

1. Corporation Name
NORTHLAND BEVERAGE CORPORATION

REINSTATEMENT **99-02**
000008596520
10/25/02--01080--010 **1208.75

2. Principal Office Address
205 BALLYSHANNON ST

3. Mailing Office Address
205 BALLYSHANNON ST

Suite, Apt. #, etc.
#501

Suite, Apt. #, etc.
#501

City & State
MELBOURNE BEACH, FL

City & State
MELBOURNE BEACH, FL

Zip
32951

Country
USA

Zip
32951

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
12/01/1994

5. FEI Number
59-3282757

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
BETTE E. KRAUSE

Street Address (P.O. Box Number is Not Acceptable)
205 BALLYSHANNON ST #501

Suite, Apt. #, Etc.

City
MELBOURNE BEACH

State
FL

Zip Code
32951

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

Bette E. Krause
REGISTERED AGENT MUST SIGN

Date **10/24/02**

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
DIR	KURT W. KRAUSE	205 BALLYSHANNON #501	MELBOURNE BEACH/ FL 32951
DIR	BETTE E. KRAUSE	205 BALLYSHANNON ST #501	MELBOURNE BEACH, FL 32951
DIR	RICHARD J. ETCMISON	508 TIMBER RIDGE DR	LONGWOOD, FL 32779

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:

Kurt W. Krause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/02

Daytime Phone #

321-726-0040