

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 14 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000011661

1. Corporation Name

MINGO BAY BEVERAGES, INC.

2. Principal Office Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

Suite 703

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Office Address

2665 S. Bayshore Drive

Suite, Apt. #, etc.

SUite 703

City & State

Miami, Florida

Zip

33133

Country

USA

REINSTATEMENT 1103

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/02/1996

5. FEI Number

57-0956929

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

World Corporate Services, Inc.

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

2665 S. Bayshore Drive

Suite, Apt. #, Etc.

Suite 703

City

Miami,

State

FL

Zip Code

33133

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 3/12/03

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
CEO/D/	Richard Pleffner	P.O. Box 904, 52 Bucks Creek Road	West Chatman, MA 02669
COO/D/	Michael Perri	6173 East Jamison Place	Englewood, CO 80112
S	Timothy D. Richards	2665 S. Bayshore Drive, Suite 703	Miami, Florida 33133

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy D. Richards 3/12/03

Date

(305) 858-9900

Daytime Phone #

CR2E081 (10/02)