

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 26 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012378

1. Corporation Name

LATIN AMERICA BEVERAGE CONSULTANTS, INC.

2. Principal Office Address

789 CRANDON BLVD

3. Mailing Office Address

789 CRANDON BLVD

Suite, Apt. #, etc.

1806

Suite, Apt. #, etc.

1806

City & State

KEY BISCAIYNE, FL

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

USA

Zip

33149

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/1997

5. FEI Number

65-0746621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 - Additional Fee required  
for a Certificate of Status

10/06/03 01070 012 SFF.75

7. Name and Address of Current Registered Agent

Name

CANAL, ALVARO

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

789 CRANDON BLVD

Suite, Apt. #, Etc.

1806

City

KEY BISCAIYNE

State

FL

Zip Code

33149

300042195533  
10/26/04--01083--021 \*\*350.00

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

*Alvaro Canal*

REGISTERED AGENT MUST SIGN

Date

10/20/04

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
DP	CANAL, ALVARO	789 CRANDON BLVD #1806	KEY BISCAIYNE, FL 33149
S	VAN DER PUT, ELAINE	789 CRANDON BLVD #1806	KEY BISCAIYNE, FL 33149

REINSTATEMENT 03-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Alvaro Canal* ALVARO CANAL

Date

10/20/04

Daytime Phone #

3053650167

CR2E081 (01/04)