

H99000010195

APPROVED  
AND  
FILED

99 APR 29 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------	---

DOCUMENT # P97000062973

1. Corporation Name

HealthWise Beverages, Inc.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
7/21/97

3a. Date of Last Report

4. FBI Number

☒ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under  
s. 199.032, Florida Statutes ☐ Yes ☒ No2. Principal Place of Business  
21 205 Worth Avenue, Suite 201

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Worth Avenue Building

27

City &amp; State

City &amp; State

23 Palm Beach FL

28

Zip

County

Zip

County

24 33480

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Paul Hines  
205 Worth Avenue, Suite 201  
Worth Avenue Building  
Palm Beach, FL 33480

81 Name

J. Paul Hines

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

205 Worth Avenue, Suite 201

83 Worth Avenue Building

84 City  
Palm Beach

FL

85 Zip Code  
33480

11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

SIGNATURE J. Paul Hines J. Paul Hines by G.K. Kuroda as attorney-in-fact

Signature, typed or printed name of registered agent and title of applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	J. Paul Hines	
STREET ADDRESS	205 Worth Avenue, Suite 201	
CITY-STATE-ZIP	Worth Avenue Building Palm Beach FL 33480	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.

SIGNATURE J. Paul Hines J. Paul Hines, President by G.K. Kuroda as attorney-in-fact 4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-672-0666  
Daytime Phone #

H99000010195