

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 PM 3:43

DOCUMENT # **97000064155**

1. Corporation Name

**Cuzcatlan Beverages, Inc.**

2. Principal Office Address

**13015 S.W. 89th Place**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

**# 225**

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

Zip

**33176**

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**July 24, 1997**

5. FEI Number

**65-0780-382**

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

**Jaime M. Giammattei**

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

**10661 N. Kendall Drive**

Suite, Apt. #, Etc.

**Suite 118**

City

**Miami, FL**

State

**FL**

Zip Code

**33176**

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

REGISTERED AGENT MUST SIGN

Date

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
P	Giammattei, German	13015 S.W. 89th Place, # 225	Miami, FL 33176
VP	Giammattei, German E.	13015 S.W. 89th Place, # 225	Miami, FL 33176
Sec	Giammattei, Jaime M.	13015 S.W. 89th Place, # 225	Miami, FL 33176
Trea.	Giammattei, Maria	13015 S.W. 89th Place, # 225	Miami, FL 3317

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Jaime Giammattei** 10/30/00 305/270-0033



## *Cuzcatlan Beverages, Inc.*



62

October 31, 2000

**Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399**

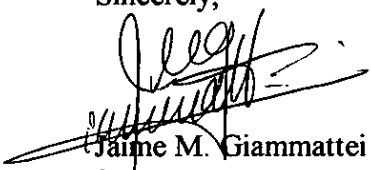
**RE: Cuzcatlan Beverages, Inc. (Document # 97000064155)**

Dear Sir or Madam:

On several occasions I had informed your office advising them that our offices have moved. Therefore, our corporation had been cancelled due non-filing of annual report for 1999. I would greatly appreciate it if the late fee can be waived. Find enclosed a copy of the Corporation Reinstatement for Cuzcatlan Beverages, Inc. and a check for the required fees.

I thank you for your attention to this matter and if you should have any further questions do not hesitate to contact me

Sincerely,

  
Jaime M. Giammattei  
Secretary

Enclosure: 2

**10661 N. Kendall Drive, Suite 118, Miami FL 33176  
Tel 305/270-0033 Fax 305/270-7565**