

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 APR -5 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P970000108816

1. Corporation Name

CSD Sawgrass, Inc.

400003203774--5
-04/11/00--01031--012
***1050.00 ***1050.00

2. Principal Office Address

1 Pepsi Way

Suite, Apt. #, etc.

City & State

Somers, NY

Zip

10589-2201

Country

U.S.

3. Mailing Office Address

1 Pepsi Way

Suite, Apt. #, etc.

City & State

Somers, NY

Zip

10589-2201

Country

U.S.

REINSTATEMENT 98-00

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/97

5. FEI Number

13-4034989

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

NRAI Services, Inc.

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

526 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Geraldine J. J. J.

REGISTERED AGENT MUST SIGN

Date

4-3-00

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	Peter A. Bridgman	1 Pepsi Way	Somers, NY 10589
S/V.P.	Steven M. Rapp	1 Pepsi Way	Somers, NY 10589
T/V.P.	Christopher Langhoff	1 Pepsi Way	Somers, NY 10589
AS/V.P.	Regina Allegretti-Davenport	1 Pepsi Way	Somers, NY 10589
A.T./V.P.	Judith A. Lemke	1 Pepsi Way	Somers, NY 10589
V.P.	Geoffrey Kupferschmid	1 Pepsi Way	Somers, NY 10589

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.

KE

SIGNATURE:

B.C. Geoffrey Kupferschmid

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

(914) 767-6000

Daytime Phone #

CR2E081 (9/99)