

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000077039**

1. Corporation Name

ALLSTATE BEVERAGE GROUP, INC.

QQRN

Principal Place of Business

Mailing Address

**720 SOUTH US #1
FORT PIERCE FL 34950**

**720 SOUTH US #1
FORT PIERCE FL 34950**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/1998

5. FEI Number

65-0862502

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ANDERSEN, KEITH	720 SOUTH US #1	FORT PIERCE FL 34950
VSD	POTTS, BRADFORD L	824 SOUTH US #1	VERO BEACH FL 34982
			TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ANDERSEN, KEITH
720 SOUTH US #1
FORT PIERCE FL 34950**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/99

11. 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

[Signature]

SS6100

10/18/99

Daytime Phone #

07/13/99 90009 018 (561) 461-3097

FILED

99 NOV -4 AM 12:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



CR2E040 (8/99)



ASBG Allstate Beverage Group, Inc

720 S U.S. Hwy. One
Ft. Pierce, Florida 34950
Toll Free: 877 489 4401

The Dept. of State
Div. of Corporations
Re: Reinstatement

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Allstate Bev. Group, Inc's annual report has been filed and paid for (copies enclosed). I understand that the FEI number was not included. It is now included. Please reinstate.

Thanks

Keith Anderson
Pres.