

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

07 FEB 19 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2

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02/21/07--01028--019 **1200.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000081339

1. Corporation Name

SAM'S BEVERAGE, INC.

W07000000633

2. Principal Office Address

2129 STIRLING RD

3. Mailing Office Address

2129 STIRLING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip
33312

Country
USA

Zip
33312

Country
USA

REINSTATEMENT

CR2E081 (12/05)

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

9/18/1998

5. FEI Number

65-0864951

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

SAMUEL J BENVENUTO

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

2129 STIRLING ROAD

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33312

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/15/06

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
DPST	SAMUEL J BENVENUTO	5431 BUCHANAN ST	HOLLYWOOD, FL 33021

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 contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/06

Date

954-962-5456

Daytime Phone #

DRUJAK, WILLIAMS & JAEGER

A Partnership of Professional Associations

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December 29, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Ref: Sam's Beverage, Inc.
Document Number: P98000081339
FEI Number : 65-0864951

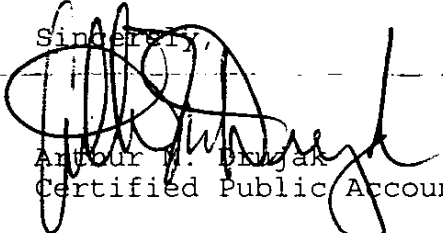
Dear Sir:

Enclosed please find the Corporation Reinstatement Form for Sam's Beverage, Inc.

The corporation never received the annual report notices in the year of dissolution or subsequent years thereafter. The mailing address of the corporation was that of his accountant Mr. Alan Rubin who at the time of the dissolution had cancer. In June of 2004, as a result of chemo and radiation therapy, Mr. Rubin had to give up his practice. He has since passed away.

Based on this information, I respectfully request that the reinstatement fee be waived.

Sincerely,


Arthur M. Drujak
Certified Public Accountant

cc Samuel Benvenuto
Sam's Beverage, Inc.