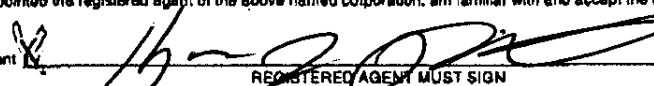
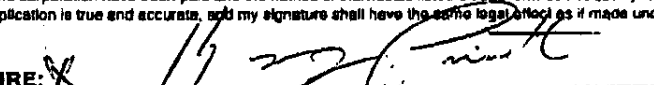


1200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W046000163 12		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 04 MAY 27 AM 8:00 400033961954 04/26/04--01060--021 **1200.00
DOCUMENT # P98000103238 1. Corporation Name FOUR MUGS INC				
2. Principal Office Address 4700 HIATUS RD Suite, Apt. #, etc. SUITE 256 City & State SUNRISE FL Zip Country 33351 USA		3. Mailing Office Address 4700 HIATUS RD Suite, Apt. #, etc. SUITE 256 City & State SUNRISE FL Zip Country 33351 USA		
		REINSTATEMENT 01-04 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0881831 6. CERTIFICATE OF STATUS DESIRED ☐ \$175 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent Name Kenneth Privett Street Address (P.O. Box Number is Not Acceptable) 4700 Hiatus Rd Suite, Apt. #, Etc. SUITE 256 City SUNRISE State FL Zip Code 33351	
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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  Date _____ REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Keith Sims	1419 St. Gabrielle Ln #408	WESTON FL 33326
VP	Paul Ferraldo	2573 Jardin Way	WESTON FL 33327
T	Kenneth Privett	3677 San Simeon Cir	WESTON FL 33331
S	Clinton Privett	15630 Gawnket Hall Manor	WESTON FL 33331
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: 		Date 4-23-04	Daytime Phone # 954 572 0012