DEPARTMENT OF STATE

$ 1200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W04000016312

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 27 AM 8:00

DOCUMENT # P98000103238

1. Corporation Name
FOUR MUGS INC

400033961954
04/26/04--01060--021 **1200.00

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
4700 HIATUS RD	4700 HIATUS RD
Suite, Apt. #, etc. SUITE 256	Suite, Apt. #, etc. SUITE 256
City & State SUNRISE FL	City & State SUNRISE FL
Zip 33351 Country USA	Zip 33351 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0881831 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

MRI

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

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: X _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	Keith Sims	1419 St Gabrielle Ln #108	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 Gauntlet 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: X _____ 4-23-04 954 572 0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #