

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 OCT 23 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000036766**

1. Corporation Name

M&H BEVERAGE INC.

2. Principal Office Address

210 Field End St.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34240

Country

U.S.

3. Mailing Office Address

210 Field End St.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34240

Country

U.S.

REINSTATEMENT

2000

4. Date Incorporated or Qualified
To Do Business in Florida

4/19/1999

5. FEI Number

59-3570033

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

MARK MATHEWS

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

210 Field End St.

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34240

600003458066-6
-11/09/00-01018-019
******750.00 ****750.00**

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

Mark Mathews

Date

10/19/00

REGISTERED AGENT MUST SIGN

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
Pres	Mark Mathews	257 Capri Ave	Venice FL 34293
VP	Patrick Mathews	169 Sandhurst Dr.	Venice FL 34293
Sec	Joyce Mathews	257 Capri Ave	Venice FL 34293

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:

Mark Mathews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

941-371-3092

CR2E081 (9/99)