

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -3 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V60204

1. Corporation Name

BEVERAGE AND FOOD TECHNOLOGIES, INC.

2. Principal Office Address

3513 Transmitter Road

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip
32404

Country
USA

3. Mailing Office Address

3513 Transmitter Road

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip
32404

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/24/1992

5. FEI Number

77-0045749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

600040825946 01-04
09/03/04--01074--004 **600.00

7. Name and Address of Current Registered Agent

Name

STEVE N. LIPSANOPOULOS / PRESIDENT

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

3513 TRANSMITTER ROAD

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32404

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

09/01/2004

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
PD	STEVE N. LIPSANOPOULOS	3513 Transmitter Road	Panama City, FL 32404
VD	ANDREAS N. LIPSANOPOULOS	3513 Transmitter Road	Panama City, FL 32404

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] STEVE N. LIPSANOPOULOS 09/01/2004 (850) 780-1231 XT14

CR2E081 (01/04)



2 of 2

3513 TRANSMITTER ROAD, PANAMA CITY, FL USA 32404
PHONE 850.784.1231 FAX 850.784.1343

September 1, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
Post Office Box 6327
Tallahassee, FL 32314

SUBJECT: BEVERAGE AND FOOD TECHNOLOGIES, INC.
REF. NUMBER: V60204

Dear Sir or Madam:

Enclosed are the completed forms required to apply for the "CORPORATION REINSTATEMENT", the necessary documentation your department requested, and our check for \$ 600.00 to cover the application. Please note, that since 2001 we have not received from your department the official "FOR PROFIT CORPORATION ANNUAL REPORT (AR)".

If you have any questions about the enclosed materials, please call me at (850)-784-1231 xt 14.

I appreciate your prompt attention to my application.

Sincerely,

Steve N. Lipsanopoulos
President
BEVERAGE AND FOOD TECHNOLOGIES, INC.