

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 18 PM 4:11

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001401**

1. Corporation Name

FROSTEE BEVERAGE COMPANY

Principal Place of Business

Mailing Address

5315 TREMONT AVE.
 DAVENPORT IA 52807

5315 TREMONT AVE.
 DAVENPORT IA 52807



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1994	
City & State		City & State		5. FEI Number	
Zip		Country		42-1382688	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	DRISCOLL, PATRICK	5315 TREMONT AVE	DAVENPORT IA 52807
D	TARWATER, MARK	5315 TREMONT AVE	DAVENPORT IA 52807
T	SAUNDERS, SHARON D.	5315 TREMONT AVENUE	DAVENPORT IA
P	JOSEPH COLOMBARI	5315 TREMONT AVE	DAVENPORT, IA 52807
REINSTATEMENT 180 TS			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C.T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #; Etc. 688883515026-1	
		City ***750, State FL zip code 750.00	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Christine M. Eastwine* Date 12/11/00
 REGISTERED AGENT MUST SIGN Assistant Secretary

11. 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: *KAREN SARTAIN* 11/3/00 319.386.5222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/00)