

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000032982**

1. Corporation Name

River City Brewing Company

2. Principal Office Address

835 Museum Circle

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Office Address

835 Museum Circle

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32202

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1993

5. FEI Number

593196451

☒

Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

FILED

2006 JUN 12 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

Dennis E. Guidi, Esquire

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

1837 Hendricks Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

June 8, 2006

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	Eugene Van Note	20 Commerce Dr., Ste.220	Cranford, NJ 07016
V	Anthony Candelino	1537 Nottingham Knoll Dr.	Jacksonville, FL 32225

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06/21/06--01016--025 **1050.00

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 contained in Chapter 119, 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

June 8, 2006
Date Daytime Phone #