

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 29 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068254

1. Corporation Name
MIAMI BREWING COMPANY

Principal Place of Business
9292 NW 101ST ST
MEDLWY FL 33178
US

Mailing Address
1116 ANDORA AVENUE
CORAL GABLES FL 33146



REINSTATEMENT 97

10/30

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	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		09/16/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0531389	
				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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DURKIN, RICHARD J	1116 ANDORA AVE	CORAL GABLES FL

500002335225--0
-10/31/97-01088-010
****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
DURKIN, RICHARD J 1116 ANDORA AVENUE CORAL GABLES FL 33146		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Sulte, Apt. #, Etc.			
		City		State	Zip Code
		FL			

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: Richard J. Durkin REGISTERED AGENT MUST SIGN Date: 10-26-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Richard J. Durkin 10-26-97 (305) 888-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E040 (8/97)