

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005814

1. Corporation Name

HARBREW IMPORTS LTD. CORP.

Principal Place of Business

3379 JASON COURT
BELLMORE NY 11710

Mailing Address

3379 JASON COURT
BELLMORE NY 11710

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

2. New Principal Office Address, If Applicable

102 Buffalo Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

102 Buffalo Ave
Suite, Apt. #, etc.

City & State

Freeport

City & State

Freeport NY

Zip

11520

Country

USA

Zip

11520

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/2000

5. FEI Number

11-3508483

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	DECICCO, RICHARD J	3379 JASON CT.	BELLMORE NY

000009047140
11/18/02 01047 012 **750.00

8. Name and Address of Current Registered Agent

BINGHAM, ROBERT
2600 ST ANDREWS BLVD
TARPON SPRINGS FL 34689

9. Name and Address of New Registered Agent

Name

JULIA RAY

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

20937 Bay Ct. # 114

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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. or 617.0505, F.S.

Signature of
Registered Agent

Richard De Cicco
REGISTERED AGENT MUST SIGN

Date

11/07/2002

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:

Richard De Cicco REREQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02 516 3772636

Daytime Phone #

CR2E040 (8/02)