

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F02000004350**

1. Corporation Name

YAKIMA BREWING AND MALTING CO., INC.

Principal Place of Business

Mailing Address

1803 PRESSON PLACE
YAKIMA WA 98903

1803 PRESSON PLACE
YAKIMA WA 98903

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/2002

5. FEI Number

91-1183087

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	TRANUM, JOHN	2924 CLOVERFIELD DRIVE SE	OLYMPIA WA 98501
VPT	BROWN, PAUL	1803 PRESSON PLACE	YAKIMA WA 98903
S	SNYDER, STEPHEN	6875 CALLE DEL PAZ	BOCA RATON FL 33433

900026872689
01/13/04--01083--014 **750.00

REINSTATEMENT 03

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SNYDER, STEPHEN
6875 CALLE DEL PAZ
BOCA RATON FL 33433

Name

SNYDER, STEPHEN

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

6133 ELSINORE CIRCLE

Suite, Apt. #, Etc.

City

LAKE WORTH

State

FL

Zip Code

33463

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

REGISTERED AGENT MUST SIGN

Date

1/6/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/04

Date

5095751900

Daytime Phone #

CR2E040 (7/03)