Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000105516 3)))

H12000105516 3ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

TO:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
INDEPENDENT BREWERS UNITED CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
APR 19 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F06000006977

1. Corporation Name
Independent Brewers United Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
445 St. Paul Street	445 St. Paul Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rochester, New York	City & State: Rochester, New York
Zip: 14605 Country: USA	Zip: 14605 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida 11/7/2006

5. FEI Number 91-1258355 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

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: Rebecca Bautch Assistant Secretary Date: 4/19/2012
REGISTERED AGENT MUST SIGN

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
CEO	Richard Lozyniak	445 St. Paul Street	Rochester, New York 14605
CFO	Dan Harrington	445 St. Paul Street	Rochester, New York 14605
VP	James Pendegraft	445 St. Paul Street	Rochester, New York 14605
Director	Richard Lozyniak	445 St. Paul Street	Rochester, New York 14605
Director	Raquel Palmer	445 St. Paul Street	Rochester, New York 14605

10. E-mail Address: mwhitchurch@jenner.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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 the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: April 19, 2012 585-546-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard Lozyniak, CEO

FL010 - 04/19/2011 C T System Online

S. HAWKES

APR - 2012

EXAMINER

04/19/2012 14:49 8885336092 CT CORPORATION PAGE 02/02