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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT


 FLORIDA DEPARTMENT OF REVENUE
 GROSS RECEIPTS TAX
 STATE OF FLORIDA
 DIVISION OF CORPORATE TAXES

FILED

1. DOCUMENT # M02000001275

Name and Mailing Address

0015270 01 MB 0,309 **AUTO T7 0 0615 04101-421986

 PUGSLEY BREWING LLC
 86 NEWBURY ST.
 PORTLAND ME 04101-4219

03 NOV 13 PM 3:31

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

 100024639394
 11/13/03--01051--011 **150.00


2. New Mailing Address

City, State, Zip

Principal Place of Business

 86 NEWBURY ST.
 PORTLAND ME 04101

3. New Principal Place of Business Address

City, State, Zip

 4. State/Country of Formation
 ME

 5. Date Organized or Qualified
 To Do Business in Florida 05/17/2002

 6. FEI Number
 01-0518999

 Applied For
 Not Applicable

 7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
 for a Certificate of Status

8. Name and Address of Current Registered Agent

 RAIKE, RONALD M
 108 KAWILLA CT.
 ORLANDO FL 32825

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/29/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	PUGSLEY, ALAN	86 NEWBURY ST.	PORTLAND ME 04101

REINSTATEMENT 03

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

SIGNATURE REQUIRED

Date 11/5/03

Daytime Phone # 207-871-1121

Typed or printed name of signing Managing Member/Manager

Alan J. Pugsley

CR2E084 (7/03)