

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 11:02

DOCUMENT # M96000000236

1. Limited Liability Company's Name

Broadway Brewing LLC

2. Principal Office Address

2401 Blake St.

Suite, Apt. #, etc.

City & State

Denver, CO

Zip

80205

Country

United States

3. Mailing Office Address

2401 Blake St.

Suite, Apt. #, etc.

City & State

Denver, CO

Zip

80205

Country

USA

4. State/Country of Formation

Colorado United States of America

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

84-1260705

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

Name

MICRO MAN DISTRIBUTORS

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

1049 MARY JANE LN.

Suite, Apt. #, Etc.

City

DUNEDIN

288883455432-7

-11/07/00-01083-004

*****50.00 *****50.00

State

Zip Code

FL

34698

9. 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

San R. McCarthy

REGISTERED AGENT MUST SIGN

Date 10/23/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Eric Warner	1497 E. Amherst Circle South	Aurora, Colorado 80014

11. 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

Eric Warner

Date 10/16/00

Daytime Phone # 303-292-5027

Typed or printed name of signing Managing Member/Manager

Eric Warner

CR2ED41 (9/00)