

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004598

1. Corporation Name

Tampa Bay BEERS (BREWING ENTHUSIASTS
ENJOYING REAL SWDS, INC.

2. Principal Office Address - No P.O. Box #

31007 Tyndall Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

Zip

33545

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Mark Stober

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

31007 Tyndall Rd

Suite, Apt. #, etc.

City

Wesley Chapel, FL

State

FL

Zip Code

33545

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

REGISTERED AGENT MUST SIGN

Date 1/11/10

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
C	Mark Stober	31007 Tyndall Rd	Wesley Chapel, FL 33545
D	Jeff Gladish	1307 E Flora St	Tampa, FL 33604
D	Karen Hahn	405 S Dale Mabry Hwy #242	Tampa, FL 33609
D	Geoff Hall	8930 Iron Oak Ave	Tampa, FL 33647
D	Don Price	11523 Andy Dr	Riverview, FL 33569
D	Mike Fouch	5918 N Otis Ave	Tampa, FL 33604

10. E-mail Address: marksto@gmail.com

(To be used for future annual report notification)

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JAN 19 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400166588134

01/19/10--01033--023 **306.25

REINSTATEMENT

06-10

4. Date Incorporated or Qualified
To Do Business in Florida 1996

5. FEI Number

Applied For

Not Applicable

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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

1-15-10 813-928-0059