

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUL 12 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600006443976--7  
-07/16/02--01034--011  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT** 01-02

**DOCUMENT #**

1. Corporation Name

TBREW, INC

000000104072

2. Principal Office Address

3722 N. Roosevelt Blvd

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FL

City & State

Same

Zip

Country

33040

MONROE

Zip

Country

Same

Same

4. Date incorporated or Qualified  
To Do Business in Florida

11-00

5. FEI Number

65-1051049

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

JAMES E. THORNBRUGH

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

317 BLACKBEARD

Suite, Apt. #, Etc.

City

Little Torch Key

State  
FL

Zip Code

33042

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

*James E. Thornbrugh*  
REGISTERED AGENT MUST SIGN

Date 7-5-02

**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
Pres.	JAMES E. THORNBRUGH	317 BLACKBEARD	Little Torch Key, FL 33042
Vice Pres.	LAURA D. THORNBRUGH	317 BLACKBEARD	Little Torch Key, FL 33042

10. 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)(f), 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:

*JAMES E. THORNBRUGH*  
*James E. Thornbrugh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-5-02

Date

305-296-9803

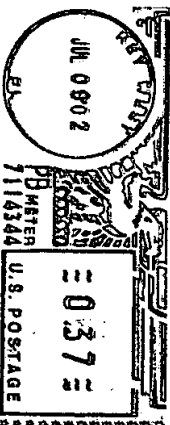
Daytime Phone #

7/12/02

**FIRST  
STATE BANK**

FIRST IN THE KEYS  
FIRST FOR THE KEYS

1201 Simonton Street, Key West, FL 33040



Dept. of State  
Div. of Corporations  
P.O. Box 6327  
Tallahassee, FL

32314

32314+6327 33

