

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 12 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010475

1. Corporation Name

Brewer Builders, Inc.

2. Principal Office Address

4366 Minerva Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

US

3. Mailing Office Address

4366 Minerva Drive

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

65-1067912

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

Travis Brewer

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

4366 Minerva Drive

Suite, Apt. #, Etc.

City

Lake Worth

State
FL

Zip Code

33463

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

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
P	Travis Brewer	4366 Minerva Drive	Lake Worth, FL 33463
VP	Maria Brewer	4366 Minerva Drive	Lake Worth, FL 33463

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)(i), 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:

Travis Brewer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRAVIS BREWER

Date

12.05.02 (54) 723-2017

Daytime Phone #

CR2E081 (9/01)

8/12/13

November 14, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is written in response to a Notice of Administrative Dissolution that was received for our corporation, Brewer Builders, Inc.

The correct address for Brewer Builders, Inc. is 4366 Minerva Drive, Lake Worth, FL 33463. We never received the original Annual Report and we are respectfully requesting that you accept our enclosed check for \$150.00 and reinstate Brewer Builders, Inc. as an active corporation.

Thank you,

A handwritten signature in cursive script that reads "Travis Brewer - President".

Travis Brewer, President
Brewer Builders, Inc.