


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P02000042161</b>		<b>FILED</b>  05 JUN -7 PM 3:58  SECRET TALLAHASSEE, FLORIDA  000055890310 06/08/05--01016--002 **300.00  <b>REINSTATEMENT 03-05</b> 00723103 90061 048 \$400.00	
1. Corporation Name <b>BREWERS CORPORATION</b>			
2. Principal Office Address <b>208 Carol Blvd #2</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>P.O. Box 1411</b> Suite, Apt. #, etc.	
City & State <b>Auburndale, FL</b> Zip <b>33823</b> Country <b>U.S.</b>		City & State <b>Auburndale, FL</b> Zip <b>33823</b> Country <b>U.S.</b>	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number <b>03-0439540</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent		8. \$3.75 Additional Fee required for a Certificate of Status	
Name <b>Kermit Walton</b>		000055890310	
Street Address (P.O. Box Number is Not Acceptable) <b>208 Carol Blvd Apt #2</b>		06/08/05--01016--003 **450.00	
Suite, Apt. #, Etc. <b>Auburndale, Florida</b>			
City <b>Auburndale, Florida</b>		State <b>FL</b> Zip Code <b>33823</b>	
9. 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 <b>Kermit Walton</b>		Date <b>6-6-05</b>	
REGISTERED AGENT MUST SIGN			
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
<b>P</b>	<b>WALTON, KERMIT</b>	<b>208 Carol Blvd #2</b>	<b>Auburndale, FL 33823</b>
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: <b>Kermit Walton</b>		<b>WALTON, KERMIT</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>6-6-05</b> Daytime Phone # <b>(863) 604-3379</b>	

CR2E081 (01/05)