

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000054775

1. Corporation Name

Tradewinds Brewing Company, Inc

2. Principal Office Address

366 N. Orlando Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

366 N. Orlando Ave.
Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

Zip Country

32931 2919 USA

City & State

Cocoa Beach, FL

Zip Country

32931 2919 USA

REINSTATEMENT

03-04

900029591969

03/01/04--01042--017 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/2002

5. FEI Number

04-3668048

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

Mary L. Proctor

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

1405 Fiddler Ave.

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

Mary L. Proctor

REGISTERED AGENT MUST SIGN

Date 2/23/2004

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	Mark C. Proctor	1405 Fiddler Ave	Merritt Island, FL 32952
VP	Mary L. Proctor	1405 Fiddler Ave	Merritt Island, FL 32952

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:

Mary L. Proctor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2004

Date

321-452-2186

Daytime Phone #

CR2E081 (01/04)