


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000089833		
1. Entity Name BREWERS LATHING, INC.		

FILED

2008 JAN 15 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 319 PALMETTO BLUFF RD. BOSTWICK, FL 32007	Mailing Address PO BOX 202 BOSTWICK, FL 32007
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2. Principal Place of Business - No P.O. Box # 178 Old Airport Farms	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bostwick, FL	City & State
Zip 32007	Country Putnam

01072008 REIN-P-GR2E098 (1/07) 07-08

REINSTATEMENT

4. FEI Number
13-4207729

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BREWER, DANIEL L 319 PALMETTO BLUFF RD. BOSTWICK, FL 32007	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Daniel L Brewer* DATE: 1/7/2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREWER, DANIEL L P.O. BOX 202 BOSTWICK, FL 32007 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200115196402 01/15/08--01034--014 **\$300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel L Brewer* DATE: 1/7/2008 386-328-0420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR