

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV -3 PM 2:59

DOCUMENT # P03000043493

1. Entity Name
BLACK ART BEER IMPORTERS INCORPORATED



Principal Place of Business
4699 NORTH STATE ROAD 7
SUITE H
TAMARAC, FL 33319

Mailing Address
4699 NORTH STATE ROAD 7
SUITE H
TAMARAC, FL 33319



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11012004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNABY, MARK C
4699 NORTH STATE ROAD 7
SUITE H
FT. LAUDERDALE, FL 33319

Name

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

City

FL

Zip Code

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/31/04

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
CROSS, MOSES A
4699 NORTH STATE ROAD 7, SUITE H
TAMARAC, FL 33319 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700042755367
11/15/04--01074--014 ***300.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/04

Date

954-746-5011

Daytime Phone #



Division of Corporations

Reinstatement

Document Number

P03000043493

Business Entity Name

BLACK ART BEER IMPORTERS INCORPORATED

☒ A \$600.00 reinstatement fee is imposed, except in circumstances in which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and the \$600.00 reinstatement fee will be waived.

FEI Number

56-2391771

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address

4699 NORTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE H

City, State

TAMARAC

FL

Zip Code & Country

33319

Mailing Address

Address

4699 NORTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE H

City, State

TAMARAC

FL

Zip Code & Country

33319

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BARNABY

MARK

C

-or- RA Business Name

Address

4699 NORTH STATE ROAD 7

Suite, Apt. #, etc.

SUITE H

City, State

FT. LAUDERDALE

FL

Zip Code & Country

33319

US

The Registered Agent (RA) named above must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign