

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000019165

Entity Name: UNCLE BREWSKI'S INC.

**FILED**  
**Nov 01, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1751 NE PINE ISLAND RD  
SUITE F  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

209 S.W. 10TH TERRACE SUITE A  
CAPE CORAL, FL 33991

**New Mailing Address:**

FEI Number: 20-4006127

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SWAN, LAWRENCE  
1749 NE 10TH TERRACE  
SUITE 4  
CAPE CORAL, FL 33909 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: LAWRENCE SWAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete  
Name: SARING, BRUSE  
Address: 209 S.W. 10TH TERRACE SUITE A  
City-St-Zip: CAPE CORAL, FL 33991

Title: DCFO ( ) Delete  
Name: SARING, KIM  
Address: 209 S.W. 10TH TERRACE SUITE A  
City-St-Zip: CAPE CORAL, FL 33991

Title: DCOO ( ) Delete  
Name: SARING, JOEL  
Address: 319 ELAND DRIVE  
City-St-Zip: N. FORT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE SARING

DCEO

11/01/2008

Electronic Signature of Signing Officer or Director

Date