

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P93000018869</u>		99 JUL 28 PM 3:46 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name DON GAMBRINU'S BREW PUB, INC.			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 11710 SW 80th Court Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 11710 SW 80th Court Suite, Apt. #, etc.	
City & State Miami, Fl.		City & State Miami, Fl.	
Zip 33157 Country USA		Zip 33157 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 03/12/93		5. FEI Number 65-0418184	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
VP	Vargas, Gonzalo	17710 SW 80th Court	Miami, Fl. 33157
P	Medinaceli, Juan	Cerveceria Boliviana Nacional	LaPaz, Bolivia
			000002948850--9 -08/03/93--01043--016 ****300.00 ****300.00
			LS
8. Name and Address of Current Registered Agent Vargas, Gonzalo 8285 SW 144 St. Miami, Fl. 33158		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17710 SW 80th Court Suite, Apt. #, Etc. City Miami State FL Zip 33157	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date 7/26/99			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: <u>Gonzalo Vargas, VP</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/26/99 305-259-0051 Date Daytime Phone	