PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JAN -7 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030965

1. Corporation Name
BREWMASTERS '54, INC.

Principal Place of Business
800 W PLATT ST STE 3
TAMPA FL 33606

Mailing Address
800 W PLATT ST STE 3
TAMPA FL 33606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
5335 Village Mkt.
Suite, Apt. #, etc.
City & State
Wesley Chapel, FL
Zip 33543 Country U.S.

3. New Mailing Office Address, If Applicable
5335 Village Mkt.
Suite, Apt. #, etc.
City & State
Wesley Chapel, FL
Zip 33543 Country U.S.

REINSTATEMENT 95-96

4. Date Incorporated or Qualified To Do Business in Florida 04/21/94 07/24/95

5. FEI Number X 59-3243935 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Enter Name and Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Type 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	SMITH, THOMAS A	800 W PLATT ST STE 3	TAMPA FL 33606
D/P	CHRISTEN, JOHN	5335 Village Mkt.	Wesley Chapel, FL 33543

100002054011--7
-01/10/97--01066--004
****575.00 ****575.00

1-8-97

8. Name and Address of Current Registered Agent

SMITH, THOMAS A
800 W PLATT ST STE 3
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State FL Zip Code

To the best of my knowledge, 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 [signature] REGISTERED AGENT MUST SIGN Date 12/16/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

I hereby 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 document or 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 and taxes owed by the corporation have been paid and the name(s) 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 will have the same legal effect as if made under oath.

SIGNATURE: [signature] JOHN CHRISTEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/96
Date

Daytime Phone #

0076616