

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

01 DEC 27 PM 2:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P 94 0000 72053

1. Corporation Name

INTERNATIONAL BREWERY  
BUSINESS INC

2. Principal Office Address

1888 S. MIAMI AV.

Suite, Apt. #, etc.

HOUSE

City & State

Miami, FL

Zip

33129

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT *2001*

4. Date Incorporated or Qualified  
To Do Business in Florida

IX-29-94  
IX-20-96

5. FEI Number

65-0524623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Hernando Ramirez

300004756923--8

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

1888 S. Miami AV.

-01/07/02--01073--013

\*\*\*\*165.00 \*\*\*\*165.00

Suite, Apt. #, Etc.

HOUSE

City

Miami

State

FL

Zip Code

33129

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-17-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presi	Hernando Ramirez	1888 S. Miami AV	Miami, FL
Secy	Daniel Ramirez	1744 S. Miami AV	Miami, FL
Asst-Pres	Hernando Ramirez	1744 S. Miami AV	Miami, FL

300004756923--8

-01/07/02--01073--014

\*\*\*\*600.00 \*\*\*\*600.00

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-17-01

Daytime Phone #

305 8592884

CR2E081 (9/00)