

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 28 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PA1000075263

1. Corporation Name

OVERSEAS BREWERY GROUP, INC.

2. Principal Office Address

99 CALLE UNO

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT

09-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/94

5. FEI Number

65-0577912

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

A. WILLIAM BOHMFALK III

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

99 CALLE UNO

Suite, Apt. #, Etc.

City

KEY WEST, FL

State

FL

Zip Code

33040

400003380134-7

-09/01/00-01040-002

******908.75 ****908.75**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8-24-00

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
P	A. WILLIAM BOHMFALK III	99 CALLE UNO, KEY WEST	KEY WEST, FL 33040
D	THOMAS J. O'CONNOR	1012 NORTH OCEAN BLVD #1003	POMPANO BCH, FL 33062
D	KIMBERLY MARKS	12937 BANYAN ROAD	N. MIAMI, FL 33181
S	JACK KANE	5 AQUAMARINE DR	KEY WEST, FL 33040
			KE

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-00

Date

305-285-0327

Daytime Phone #

CR2E081 (9/99)