
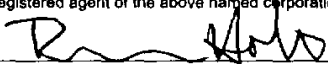
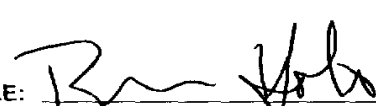


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 OCT 22 PM 12: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000082179					
1. Corporation Name INDIAN RIVER BREWING COMPANY, INC.					
Principal Place of Business 2500 S HARBOR CITY BLVD MELBOURNE FL 32901 US		Mailing Address 2500 S HARBOR CITY BLVD MELBOURNE FL 32901 US			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date incorporated or Qualified To Do Business in Florida 11/07/1994 5. FEI Number 59-3277781 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
1	2	3	4		
	GOFFINET, THOMAS	2107 HELEN STREET	MELBOURNE FL		
VP	HOLT, BRUCE	2006 NEPTUNE DR	MELBOURNE BCH FL		
VP	Jack Owen	237 mdsanopy Ct.	Indian Harbor Beach FL		
			200003029822--6 -11/01/99--01002--019 ****750.00 ****750.00		
8. Name and Address of Current Registered Agent GOFFINET, THOMAS 2107 HELEN STREET MELBOURNE FL 32901			9. Name and Address of New Registered Agent Name Bruce Holt Street Address (P.O. Box Number is Not Acceptable) 2006 Neptune Dr. Suite, Apt. #, Etc. Melbourne Beach City Melbourne Beach State FL Zip Code 32951		
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  Date 8-18-99 REGISTERED AGENT MUST SIGN					
11. 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: 		Bruce Holt SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-18-99 Date	
				407.952-4050 Daytime Phone #	

CR2ED44 (8/99)

KE