

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000086177

1. Corporation Name

DRAFT HOUSES OF AMERICA, INC.

Principal Place of Business Mailing Address

10701 SW 68TH AVE.  
MIAMI FL 33156

10701 SW 68TH AVE.  
MIAMI FL 33156

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

2. New Principal Office Address, If Applicable

5751 S.W. 40 STREET  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11401 S.W. 72 CT,  
Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

Zip

33155

Country

U.S.A.

Zip

33156

Country

USA

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	PLATT, EDITH	10701 S.W. 68TH AVENUE 11401 S.W. 72 COURT	MIAMI FL 33156 MIAMI, FLORIDA 33156

8. Name and Address of Current Registered Agent

PLATT, EDITH H  
10701 SW 68TH AVE. 11401 S.W. 72 COURT  
MIAMI FL 33156

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

*Edith H. Platt* REQUIRED

REGISTERED AGENT MUST SIGN

Date *10/28/98*

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes  No

(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:

*Edith H. Platt* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDITH H. PLATT

12-27-98 (305)2529008

Date

Daytime Phone #

CR040 (9/98)