

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV -9 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA5000029978

1. Corporation Name

Palm Beach Brewery, Inc.

Principal Place of Business

340 Royal Poinciana Plaza
Palm Beach, FL 33480

Mailing Address

265 Sunrise Avenue
Suite 204
Palm Beach, FL 33480

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable

222 Lakeview Avenue
Suite, Apt. #, etc.
160-183

3. New Mailing Office Address, If Applicable

same as above
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

4/11/95

5. FEI Number

65-0584539

Applied For

Not Applicable

City & State

West Palm Beach, Florida

City & State

Zip
33401

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, S, T D	Ronald H. Kutz	201 Greymon Avenue	West Palm Beach, FL 33405
			000002686750--7 -11/13/98--01031--013
			***900.00 ***900.00
			000002686750--7 -11/13/98--01031--013
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

Donald F. Mintmire, Esq.
Mintmire & Associates
265 Sunrise Avenue, Suite 204
Palm Beach, FL 33480

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

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

Donald F. Mintmire
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-04-98

CR120040 (1/98)