


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P95000052891**

1. Corporation Name

BRAUTECH BREWING CO.

Principal Place of Business

10170 NW SOUTH RIVER DRIVE
BAY 11
MEDLEY FL 33178
US

Mailing Address

10170 NW SOUTH RIVER DRIVE
BAY 11
MEDLEY FL 33178
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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
GM	HOAR, PAUL W	21474 SW 88 PLACE	MIAMI FL
TS	GONGALES, NOEL	15920 SEDGEWICK CIRCLE SOUTH	DAVIE FL
D	ROY, RICHARD	3115 HIGHWAY 83	HARTLAND WI
P	HOAR, PETER C	9284 SW 212 TER	MIAMI FL 33189

8. Name and Address of Current Registered Agent

HOAR, PAUL W
2174 SW 88 PLACE
MIAMI FL 33189

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

W. Paul Hoar

REGISTERED AGENT MUST SIGN

Date **11-13-98**

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:

W. Paul Hoar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-98

(305) 884-0260

59 JUN 25 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

99-99

4. Date Incorporated or Qualified To Do Business in Florida

07/03/1995

5. FEI Number

65-0674090

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

CR2000 (9/98)