

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
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If above addresses are incorrect in any way, line through incorrect information and enter correct one 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

59 JUN 25 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 09-99

4. Date Incorporated or Qualified To Do Business in Florida: **07/03/1995**

5. FEI Number: **65-0674090**

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
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* Date: **11-13-98**

REGISTERED AGENT MUST SIGN

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, W. Paul Hoar* Date: **11-13-98** (305) 884-0260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2EG40 (9/98)