PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** 97 JAN -8 AH 9: 06 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # P95000057561 1. Corporation Name BREWMASTERS OF PLANT CITY, INC. Principal Place of Business Mailing Address **PROXICO DE SOURCE DE SOUR 38888**4300505 **3,4,4/8,4**,45£,2**83,63,6**7,7 ATEMENT 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 Date Incorporated or Qualified To Do Business in Florida 5335 Village kkt. 5335 Village Mkt. 07/24/1995 Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-3329556 Not Applicable Wesley Chapel Wesley Chapel 6 \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED U.S. 33543 U.S 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors Officer and/or Director (Do NO1 Use Post Office Box Numbers) City / State / Zip XX **SMITH THOMAS** & X TAMBADEL 33606 X D/P CHRISTEN, JOHN 5335 Village Mkt. Wesley Chapel, FL 33543 300002057413---0 -01/14/97--01141--002 \*\*\*\*375.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name SMITH, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 800 W PLATT ST STE 3 TAMPA FL 33606 Suite, Apt. #, Etc City Zip Code State 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 GISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information Dept. of Revenue under S. 199.032, Florida Statutes. on intangible tax.) Yes l 12.1 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 filling 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 indications. 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 find accurate, and my signature, shall have the same legal effect as if made under oath.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #