

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

97 JAN -7 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000088302**

1. Corporation Name

**BREWMASTERS OF ST. PETERSBURG BEACH, INC.**

Principal Place of Business

Mailing Address

~~XXXXXXXXXXXX~~  
~~TAMPA FL 33606~~

~~XXXXXXXXXXXX~~  
~~TAMPA FL 33606~~



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

2. New Principal Office Address, If Applicable  
**5335 Village Mkt.**

3. New Mailing Office Address, If Applicable  
**5335 Village Mkt.**

4. Date Incorporated or Qualified  
To Do Business In Florida

**11/16/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State  
**Wesley Chapel, FL**

City & State  
**Wesley Chapel, FL**

**59-3354449**

Not Applicable

Zip  
**33543**

Country  
**U.S.**

Zip  
**33543**

Country  
**U.S.**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>XX</del>	<del>SMITH, THOMAS A</del>	<del>800 W. PLATT ST. STE. 3</del>	<del>TAMPA FL 33606</del>
D/P	CHRISTEN, JOHN	5335 Village Mkt.	Wesley Chapel, FL 33543
			900002052669--6 -01/09/97--01068--007 ****375.00 ****375.00
			<b>REINSTATEMENT 1/9/96</b>
			<i>A. Allen</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SMITH, THOMAS A**  
**800 W. PLATT ST., STE. 3**  
**TAMPA FL 33606**

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

REGISTERED AGENT MUST SIGN

Date **12/16/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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

**JOHN CHRISTEN**

Date

Daytime Phone #

CR20040 (7/96)