## **APPLICATION FOR**



## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

REINSTATEMENT

P95000088302

1. Corporation Name

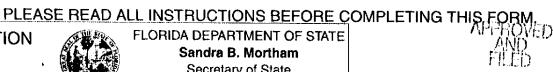
BREWMASTERS OF ST. PETERSBURG BEACH, INC.

Principal Place of Business

Mailing Address

TANKAX TUXBROOK

DOENKARDATIKSKANTENSK TAMPATELY39006



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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If above addresses are incorrect in any way, line through incorrect  2. New Principal Office Address, If Applicable 5335 V111age Wkt.  Suite, Apt. #, etc.  Suite, Apt. #				ing Office Address, If Applicable /illage Mkt.		Date Incorporated or Qualified     To Do Business in Florida     11/16/1995			
City & State City & State						5. FEI Number 59		Applied For Not Applicable	
Zip Country U.S. Zip U.S.			<sup>Zip</sup> 33543	43 Country U.S.		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Fix Title(s) 1 Name of Officers and/or Directors 2				Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		ach	City / State / Zip		
ХОХ	XAXAMRMXXHTIMEK			900XVXXCLAATTXSTXXSTEXSX		TAMPA EL 88990 XX			
D/P	/P CHRISTEN, JOHN			5335 Village Mkt.		Wesley Chapel,	FL 33543		
				900			000020526 -01/09/97010	00020526696 -01/09/9701068007	
							****375.00 *	***375.00	
•					R	EINSTA	ATEMENT /	996	
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8. Name and Address of Current Registered Agent SMITH, THOMAS A					Name	9. Name and Address of New Registered Agent 1 3 19			
800 W. PLATT ST., STE. 3 TAMPA FL 33606					Street Address (P.O. Box Number is Not Acceptable)				
					Suite, Apt. #, Etc.  City State Zip Code			Zip Code	
10. I, being Signature o Registered	of .	e regle <del>tered</del> epent of the ab	ove named corpo			obligations of Sect	tion 607.0505, F.S.  Date 12/6/9	X	
11. Do	es this c	corporation pay a evenue under S.	any intang 199.032,	ible tax Florida	to the Statutes. Yes	s 🗆 No ⋤	(See other side to on intangib		
owed by	y the corporate	plication, the reason for dission have been paid and the full and accurate, and my s	olution has been names of individing the shall have	eliminated, ti uals listed or ve the same I	he corporate name satisfit n this form do not qualify to legal effect as if made und HN CHRISTEN	es the requirements or an exemption un	apter 607 or 617, F.S. I further cers of section 607.0401 or 617.0401 der section 119.07(3)(I), F.S. The	E.C. that all face	
	/ SI	GNATURE AND TYRED OR PR	INTED NAME OF S	SIGNING OFFI	CER OR DIRECTOR	· / / ***	Date Davlin	ne Phone #	