

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000088302

1. Corporation Name

BREWMASTERS OF ST. PETERSBURG BEACH, INC.

Principal Place of Business

Mailing Address

401 SECOND STREET
INDIAN ROCKS BEACH FL 33785
US

P.O. BOX 459
INDIAN ROCKS BEACH FL 33785
US



REINSTATEMENT 07

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

516 N. Ft. Harrison Ave.

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3354449

Applied For

Not Applicable

City & State

City & State
Clearwater, FL

Zip

Country

Zip

Country

33755

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELLEW, DELANO E	2430 ESTANCIA BLVD., #104	CLEARWATER FL 33761
PD	HOWARD, G. DAVID	401 SECOND ST. EAST	INDIAN ROCKS BEACH FL 33785
ST	HOWARD, DANA D	401 SECOND ST EAST	INDIAN ROCKS BEACH FL 33785

400024012024
10/22/03--01038--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASKIN, HAMDEN H III, ESQ
516 N. FT. HARRISON AVE
CLEARWATER FL 33755

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/21/2003

11. 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

Date

Daytime Phone #

[Signature] G. DAVID HOWARD, Pres. Oct 10, 2003 727-515-8059

CR20040 (7/03)

Law Offices
Hamden H. Baskin, III, P.A.

*516 No. Ft. Harrison Avenue
Clearwater, Florida 33755*

*Telephone: 727/447-2994
Fax: 727/446-0049*

October 20, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO BOX 6327
Tallahassee, FL 32314-6327


RE: Brewmaster's of St. Petersburg Beach, Inc.

Dear Clerk:

Enclosed is an original Application for Reinstatement for my client, Brewmaster's of St. Petersburg Beach, Inc. Also enclosed is check in amount of \$150.00 for the required filing fee. Mr. Howard states that he never received the first or second notice of this Report. Enclosed is a letter signed by G. David Howard, President stating that fact.

If you should have any questions, please contact our office and with kind regards, I remain

Sincerely yours,


Hamden H. Baskin, III

HHBIII/gvl

Enclosures: as stated

cc: Brewmaster's of St. Petersburg Beach, Inc.