***	PLEASE READ /	ALL INSTI	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	∕ 1.	
APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS					SECRETAR DIVISION OF 97 OCT 27			
DOCUMENT # P95000095890 1. Corporation Name					10/24 84			
TITANIC BREWING COMPANY, INC.							OF STATE RPORATIONS	
2431 TRAP	P AVENUE GROVE FL 33133	Malling Address 2431 TRAPP AVENUE COCONUT GROVE FL 33133						
If above addresses are incorrect in any way, line through incorr 2. New Principal Office Address, If Applicable 3. New			formation and enter on g Office Address, If A		Date Incorporated or Qualified To Do Business In Florida 12/15/1995			
Suite, Apt. #, etc. City & State		Sulte, Apt. #, etc. City & State			5. FEI Number	-0645958	Applied For Not Applicable	
Z ip	Country	Zip	Country	,	6. CERTIFICATE	OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of Status	
7. Names a	Name of Officers and/or Directors 2	Stre Offi 3 (Do NOT Us	a nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 2431 TRAPP AVENUE			City / State / Zip 4 COCONUT GROVE FL 33133		
P/T/S/1	>			ENUE		OCCONUT GROVE FL 83183		
Ð	FRANCO, ALFONSO	2491 TRAPP AV	2431 TRAPP AVENUE			COCONUT-CROVE FL 83183		
V P/D	RUSK MICHAEL	2431 Trupp Ave			COCONUT GROVE FL 33133			
				50002333315 -10/29/9701134003 ****923.75 *****923.75			-01134003	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
LOTSPEICH, BRADSHAW 950 SOUTH MIAMI AVENUE MIAMI FL 33130-4121				Street Address (P.O. Bok Number is Not Acceptable) 935 Fontain Weau Blud Sulte, Apt. #, Etc.				
City City 10. J. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505						St.	ate Zip Code L 33172	
Signature of Registered Agent Date 10/24/97 Refilistered AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 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 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 Date Daylime Phone #								