

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000097622

1. Corporation Name

INDEPENDENCE BREWING COMPANY OF FLORIDA

Principal Place of Business

111 SW 2ND AVE.  
FT. LAUDERDALE FL 33302

Mailing Address

PO BOX 14276  
FT. LAUDERDALE FL 33302

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

12/21/1995

5. FEI Number

65-0654916

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	KOEGLER, MICHAEL H	% JACK PHILLIPS 1501 NE 4TH AVE. (NOT OFFICE OF DIRECTOR)	FT. LAUDERDALE FL 33305

300002345203-7  
-11/12/97-01105-002  
\*\*\*750.00 \*\*\*750.00

REINSTATEMENT

97

SCC

11-6-97

8. Name and Address of Current Registered Agent

PHILLIPS, JACK (JOHN). ESQ.  
1501 NE 4TH AVE.  
FT. LAUDERDALE FL 33305

9. Name and Address of Now Registered Agent

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

11-5-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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 I filed 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 taxes 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)(f), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

MICHAEL KOEGLER  
PRESIDENT

INDEPENDENCE BREWING CO. OF FLORIDA AS PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Koegler  
AS PRESIDENT

Date

10/26/97

Daytime Phone #

CP2E040 (8/97)