

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01 NOV -5 PM 2:36

DOCUMENT # **P96000006182**

1. Corporation Name
WENCH'S BREW, INC.

Principal Place of Business 13982 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429	Mailing Address 13982 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429
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REINSTATEMENT 01

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		4. Date Incorporated or Qualified To Do Business in Florida 01/17/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3356159	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
PSV	TROVILLO, CHARLOTTE M	14434 WEST OZELLO TRAIL	CRYSTAL RIVER FL 34429
T	RUBLE, CHE	14610 W. TRACHEL COURT	CRYSTAL RIVER FL 34429
			900004699079--3 -11/29/01--01072--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent TROVILLO, CHARLOTTE 13982 WEST OZELLO TRAIL CRYSTAL RIVER FL 34429	9. Name and Address of New Registered Agent	
	Name	
	Street Address (P.O. Box Number is not Acceptable)	
	City	State Zip Code FL

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: *Charlotte M. Trovillo* **SIGNATURE REQUIRED** Date 10-17-01
 REGISTERED AGENT MUST SIGN

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: *Charlotte M. Trovillo* **SIGNATURE REQUIRED** Date 10-17-01 352-795-6900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/01)