PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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7	PORATION STATEMENT	Kat Sec	PARTMENT OF STATE herine Harris retary of State		FILED 02 JAN -2 AM 10: 42
DOCUMENT # PAULOD 18756 1. Corporation Name Black Bear Brewy Company					SCORE LARY OF STATE TALLAHASSEE, FLORIDA
<i>•</i>		J			
2. Principal Office Address 981 Ashby St.			Address	RENS	TATEMENT MOD
Suite, Apt. #, etc. Suite, A			4. Date Incor		norated or Qualified ness in Florida 2/29/1996
Atlanta, GA		City & State	Company	5. FEI Numbe 593.	
30	3 18 U 5 A	Zīp	Country		OF STATUS DESIRED (\$8.75 Additional Fee required for a Certificate of Status
	Name Name Registe Registe				40000478531 -01/22/0201006 -003 *****908.75 *** 908.75
	City Clearuster				State Zip Code FL 33765
8. I, being Signature of Registered	appointed the registered agent of the abo	egistered agent		obligations of section	
9. Names	and Street Addresses of Each Officer an	d/or Director (Florida			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
ρ	Paul Brown		2450 Juset Ph. Rd. 4		Clearwate/FL/33765
VP	John 6 Trans		2924 Clovereld Dr		Olympia, WA 98501
VP.5	Stephen Snyd		6875 5. Calle Del Paz		Boca Raton FL 33433
0	Dahert Whiteen		981 Ashby St 7/00		Attenta, 6A 30318
	NOW THE	1	<u> </u>	· • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,
this rei	nxistement application, the reason for dis	solution has been ellr names of individuals	minated, the corporate name satisfice illisted on this form do not qualify fo	es the requirements r an exemption und	opter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees ler section 119.07(3)(i), F.S. The information indicated

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR