


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 12 PM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # R96000018756

1. Corporation Name

Black Bear Brewing Company

2. Principal Office Address

1803 Presson Place

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Yakima, WA

City & State

Zip

98903

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/96

5. FEI Number

593362464

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul Brown

Street Address (P.O. Box Number is Not Acceptable)

2450 Sunset Point Rd.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

REINSTATEMENT

02-03

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Paul Brown

REGISTERED AGENT MUST SIGN

Date Dec 8, 2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paul Brown	1803 Presson Place	Yakima, WA 98903
VP	John C. Trarum	1803 Presson Place	Yakima, WA 98903
VPS	Stephen Snyder	1803 Presson Place	Yakima, WA 98903
D	Robert Whitney	1803 Presson Place	Yakima, WA 98903

10. 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:

Paul Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/03 (509) 575-1900

Date

Daytime Phone #

CR2E031 (10/02)