

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 APR 22 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000027090

1. Corporation Name

Key West Brewery Inc.

REINSTATEMENT 02-03

000016581020
04/22/03--01072--018 **900.00

2. Principal Office Address

1107 Key Plaza

3. Mailing Office Address

PO Box 6101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West FL

City & State

Key West FL

Zip

33040

Country

USA

Zip

33041

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4127196

5. FEI Number

65-0730074

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

Judy Lakin

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

1412 Flagler Ave

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

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

Judy Lakin
Judy Lakin

REGISTERED AGENT MUST SIGN

Date 4/11/03

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
D	Marvin Schindler	373 Stirrup Key Blvd.	Marathon, FL 33050
D	L. George Rieger	381 Park Ave S., Suite 417	New York, NY 10016
D/P	Arthur Trotman	1107 Key Plaza	Key West, FL 33040
S	Judy Lakin	1412 Flagler Ave	Key West, FL 33040

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:

Judy Lakin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

305-296-9465

Daytime Phone #

CR2E081 (10/02)