

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 # P97000048327

1. Corporation Name

BOOTLEGGERS BREWERY CO. & STEAKERY, INC.

Principal Place of Business

1330 AQUAVIEW LN.
ENGLEWOOD FL 34223

Mailing Address

1330 AQUAVIEW LN.
ENGLEWOOD FL 34223

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

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business In Florida

06/02/1997

5. FEI Number

650756430

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DOMRES, ROLLEAU F	1330 AQUAVIEW LN.	ENGLEWOOD FL 34223

8. Name and Address of Current Registered Agent

BATSEL, C. GUY
1861 PLACIDA RD., STE. 304
ENGLEWOOD FL 34223

9. Name and Address of New Registered Agent

Name **KEVIN ZEE**
Street Address (P.O. Box Number is Not Acceptable)
285 DEARBORN ST.
City **Englewood** State **FL** Zip Code **34223**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/13/98**

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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98 (941) 473-1745
Date Daytime Phone #