

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98-99AR

FILED

JUN -2 AM 8:15

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000068014

1. Corporation Name

BREWZZI INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

5100 TOWN CENTER CIRCLE STE. 330
 BOCA RATON FL 33486

5100 TOWN CENTER CIRCLE STE. 330
 BOCA RATON FL 33486



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98-99AR

2. New Principal Office Address, If Applicable 301 YAMATO ROAD #3101 Suite, Apt. #, etc. #3101		3. New Mailing Office Address, If Applicable 301 YAMATO ROAD Suite, Apt. #, etc. #3101		4. Date Incorporated or Qualified To Do Business in Florida 08/06/1997	
City & State BOCA RATON, FL.		City & State BOCA RATON, FL.		5. FEI Number 65-0828164 60-03-181980-02 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip 33431 Country USA		Zip 33431 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	MORRIS L. STOLTZ II	301 YAMATO ROAD #3101	BOCA RATON, FL. 33431

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 -06/14/99--01005--019
 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

E.H.G. RESIDENT AGENTS, INC.
 5100 TOWN CENTER CIRCLE STE. 330
 BOCA RATON FL 33486

Name **MORRIS L. STOLTZ II**
 Street Address (P.O. Box Number Not Acceptable) **301 YAMATO ROAD**
 Suite, Apt. #, Etc. **#3101**
 City **BOCA RATON,** State **FL** Zip Code **38431**

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]* Date **4-28-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No **N/A** (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]* Date **4-28-99** (561) 998-3311
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, etc. Phone #

CR2E040 (9/98)