

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 31 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 97 000 102 156

1. Corporation Name

Brewmaster's of
South Dale Mabry, Inc

2. Principal Office Address

4501 Squirrel Run Way

Suite, Apt. #, etc.

N/A

City & State

VALRICO, FLA

Zip

33594

Country

U.S.A

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

FLA

Zip

33594

Country

U.S.A

REINSTATEMENT 99-02

4. Date Incorporated or Qualified
To Do Business in Florida

1996

5. FEI Number

59 347 0674

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

JOHN CHRISTEN

Street Address / P.O. Box Number is Not Acceptable

4501 SQUIRREL RUN WAY

Suite, Apt. #, Etc.

City

VALRICO

State

FL

Zip Code

33594

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

John Christen

REGISTERED AGENT MUST SIGN

Date

5-28-02

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
Pres	JOHN CHRISTEN	4501 Squirrel Run Way	Tampa, FL 33594

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:

John Christen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-28-02

Daytime Phone #

813 657 4494

CR2E081 (9/01)