

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 13 PM 4:17

DOCUMENT # **P98000028341**

1. Corporation Name

BRANDON BREW HOUSE RESTAURANT INC.

Principal Place of Business

779 WEST LUMSDEN
BRANDON FL 33511
US

Mailing Address

779 WEST LUMSDEN
BRANDON FL 33511
US



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1998

5. FEI Number

59-3499696

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| T | WEAVER, DON | 10302 SEDGEBROOK PLACE | RIVERVIEW FL 33569 |
| P | ORCUTTE, BRUCE | 934 DABANE DRIVE | BRANDON FL 33510 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

600023751316
10/13/03--01073--004 **150.00

8. Name and Address of Current Registered Agent

WEAVER, DON
710 N REGENT CIRCLE
BRANDON FL 33511

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Bruce Orcutte

REGISTERED AGENT MUST SIGN

Date

10/8/03

11. 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.

655-0511

SIGNATURE:

Bruce Orcutte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE ORCUTTE 10/8/03

Date

Daytime Phone #

CR20040 (7/03)

To Whom it may Concern,

Oct. 9, 2003

Please reinstate the Brandon
Braw House. We never recieved the original
notice for payment.

Thank you,

Braw House