

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 FEB -5 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000056549

1. Corporation Name

BREWER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~3063 ENTERPRISE AVE~~  
NAPLES FL ~~34102~~

~~3063 ENTERPRISE AVE~~  
NAPLES FL ~~34102~~

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

2. New Principal Office Address, If Applicable

3935 ENTERPRISE AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3935 ENTERPRISE AVE

Suite, Apt. #, etc.

City & State

City & State

Zip 34104

Country

Zip 34104

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1998

5. FEI Number

59-3521255

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
P	BREWER, SCOTT	770 10TH AVE NW	NAPLES FL 34120
C	DEXTER, PAUL	8464 ABBINGTON CR #1921	NAPLES FL 34108
S	HOUCK, ANDREA	770 10TH AVE NW	NAPLES FL 34120
			0000004931770-4 -02/15/02--01071--014 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

WOLFF, CASEY ESQ  
C/O PAULICH, SLACK & WOLFF, P.A.  
801 ANCHOR RODE DRIVE, SUITE 203  
NAPLES FL 34103

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

29 Dec 01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 JAN 02 9415667661

CR2040 (801)