
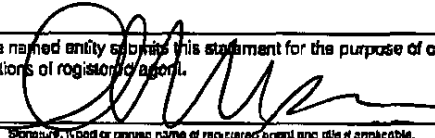
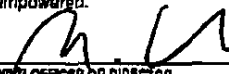


## 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 OCT 29 AM 8:08

DOCUMENT # F97000004760					
1. Entity Name OAKVILLE HILLS CELLAR, INC.					
Principal Place of Business PO BOX 329 OAKVILLE, CA 94562			Mailing Address PO BOX 329 OAKVILLE, CA 94562		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10222004 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number 68-0225641	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name <b>AUGUSTAN WINE IMPORTS</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>9801 Premier Parkway</b>		
			City <b>Miramar</b>		FL
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		CONNIE FIELDS - <i>per</i> DIRECTOR OF ADMINISTRATION		DATE 10/22/04	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST DALLA VALLE, NAKO M 7776 SILVERADO TRAIL OAKVILLE, CA 94562 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500042315985</b> 10/29/04--01055--031 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDVC DALLA VALLE, NAKO M 7776 SILVERADO TRAIL OAKVILLE, CA 94562 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>Nako Dalla Valle</b> 		Date <b>10.22.04</b>		Daytime Phone #	

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