

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000024931	
1. Entity Name L'ECOLE DU VIN L.L.C.	

Principal Place of Business 9599 SUN POINTE DRIVE BOYNTON BEACH, FL 33437	Mailing Address 9599 SUN POINTE DRIVE BOYNTON BEACH, FL 33437
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

04 OCT 28 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252004 REIN-LLC CR2E101 (8/04)

4. FEI Number 20-0207434	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KLEIN, THEODORE J 88 N.E. 168 STREET NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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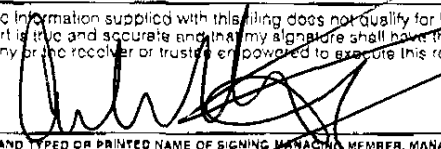
9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CATALDO, ARLETTE 9599 SUN POINTE DRIVE BOYNTON BEACH, FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042286089 ☐ Change ☐ Addition 10/28/04--01054--005 ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Dwlino Phone # _____