


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -2 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300167768633  
02/02/10--01013--011 \*\*416.25

CR2E041 (11/09)

**DOCUMENT #** L040000026484

1. Limited Liability Company's Name  
Moonlit Road Vineyards, LLC

2. Principal Office Address - No P.O. Box # <u>1345 Virginia Lee Cir</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1345 Virginia Lee Cir</u> Suite, Apt. #, etc.	
City & State <u>Brooksville, FL</u>		City & State <u>Brooksville, FL</u>	
Zip <u>34602</u>	Country <u>U.S.A.</u>	Zip <u>34602</u>	Country <u>U.S.A.</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>4/07/2004</u>	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Marnie Azdell

Street Address (P.O. Box Number is Not Acceptable)  
1345 Virginia Lee Cir

Suite, Apt. #, Etc.

City Brooksville State FL Zip Code 34602

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Marnie Azdell Date 1-27-10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Marnie Azdell	1345 Virginia Lee Cir.	Brooksville FL 34602
MGR	Darren Azdell	1345 Virginia Lee Cir	Brooksville FL 34602
<b>REINSTATEMENT 08-10</b>			

11. E-mail Address: Mazdell@wildblue.net  
(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Marnie Azdell Date 1-27-10 Daytime Phone # 834950920

Typed or printed name of signing Managing Member/Manager Marnie Azdell