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Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
CHOCOVINE ONE, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000048463

1. Limited Liability Company's Name

CHOCOVINE ONE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
629 HERMITAGE CIR.	SAME
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: PALM BEACH GARDENS, FL	City & State:
Zip: 33410 Country: USA	Zip: Country:

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA / PALM BEACH

5. Date Organized or Qualified To Do Business in Florida: 05/07/2010

6. FEI Number: Applied For ☐ Not Applicable ☑

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee Required for a certificate of status.

8. Name and Address of Current Registered Agent

Name: STEVEN KATZ

Street Address (P.O. Box Number is Not Acceptable) Suite: 629 CHOCOVINE ONE, LLC

Apt. #, Etc.:

City: PALM BEACH GARDENS State: FL Zip Code: 33410

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: S. Katz Date: 6/5/16

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	STEVEN KATZ	629 HERMITAGE CIR.	PALM BEACH GARDENS, FL 33410

REINSTATEMENT

2015-2016

S. HAWKES

JUN - 6 A.M.

EXAMINER

11. E-mail Address: LR@FCOHENLAW.COM

(*To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: S. Katz Date: 6/5/16 Daytime Phone #: 954 551 6149

Typed or printed name of signing authorized representative/member: Steven Katz