

**2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Aug 17, 2009  
Secretary of State**

DOCUMENT# M02000002396

Entity Name: GARGIULO VINEYARD, LLC

**Current Principal Place of Business:**

575 OAKVILLE CROSSROAD  
NAPA, CA 94558

**New Principal Place of Business:**

**Current Mailing Address:**

575 OAKVILLE CROSSROAD  
NAPA, CA 94558

**New Mailing Address:**

FEI Number: 94-3357701      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE: HEATHER CHAPMAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: GARGIULO, JEFFREY  
Address: 575 OAKVILLE CROSSROAD  
City-St-Zip: NAPA, CA 94558

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: GARGIULO, VALERIE B  
Address: 575 OAKVILLE CROSSROAD  
City-St-Zip: NAPA, CA 94558

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VALERIE B GARGIULO

MGR

08/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date