

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT -2 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P32381**

1. Corporation Name

TREBON WINE & SPIRITS CORP.

Principal Place of Business

18-02 131ST STREET
COLLEGE PT NY 11356

Mailing Address

P. O. BOX 560180
COLLEGE POINT NE 11356-0180
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1990

5. FEI Number

11-2307531

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CP	BONACCOLTA, LOUIS NOEL	33-12 165TH STREET	FLUSHING NY
VC	BONACCOLTA, DORA LARA	33-12 165TH STREET	FLUSHING NY
VST	BONACCOLTA, DORA LARA	33-12 165TH STREET	FLUSHING NY

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-10/03/02--01021--013
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

MOSER, ALVIN
% RAHCO INTERNATIONAL
11232-7 ST. JOHN'S INDUSTRIAL PARKWAY
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

Moser, Alvin

Street Address (P.O. Box Number is Not Acceptable)

% Rahco International

Suite, Apt. #, Etc.

850 Beach Boulevard

City

St. Augustine Beach

State

FL

Zip Code

32080

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **September 17, 2002**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Louis Noel Bonaccolta, President

September 17, 2002

Date

Daytime Phone #