

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 NOV 29 PM 2:48

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P33186**

1. Corporation Name

UNITED DISTILLERS & VINTNERS (FLORIDA) INC.

Principal Place of Business

Mailing Address

6 LANDMARK SQUARE
 STAMFORD CT 06901

6 LANDMARK SQUARE
 STAMFORD CT 06901

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

REINSTATEMENT *SO*

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/18/1991	
City & State		City & State		5. FEI Number	
Zip		Country		06-1240182	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	HOWARD-SORRELL, LINDA	6 LANDMARK SQUARE	STAMFORD CT 06901
T	BROWN, ROBERT T.	SIX LANDMARK SQ	STAMFORD CT 06901
S	CHALMERS, SABINE	5200 BLUE LAGOON DR STE 850	MIAMI FL 33126
P	COLOMBO, JAUN JOSE	1515 COUNTRY CLUB PRODO	CORAL GABLES FL 33134
VP	SMITH, MICHAEL S	5200 BLUE LAGOON DR STE 850	MIAMI FL 33126
VP	LOUDEN-CARTER, GRAHAM	5200 BLUE LAGOON DR STE 850	MIAMI FL 33126

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

Name: 000003491010--9
 -12/08/00--01008--023
 Street Address (P.O. Box Number is Not Applicable): 8.75 *****8.75
 Suite, Apt. #, Etc.: 000003491010--9
 -12/08/00--01008--024
 City: ****750.06 State: FL Zip Code: 3350.00

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]
 REGISTERED AGENT MUST SIGN

EDWARD GWISDALLA
 Assistant Vice President

Date: 11/27/00

11. 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.

KE

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARY J. KRAMER

10-19-2000
 Date

203-359-7134
 Daytime Phone #

CR2E040 (8/00)