

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1991

5. FEI Number

06-1240182

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
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 Accepted)

000003491010--9
-12/08/00--01008--024

Suite, Apt. #, Etc.

City

****750.06 State Zip Code

FL

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

EDWARD GWISDALLA
Assistant Vice President

Date 11/27/00

REGISTERED AGENT MUST SIGN

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:

Mary J. Kramer, Asst. Secretary
MAY J. KRAMER

10-19-2000

Date

203-359-7134

Daytime Phone #