

FOF000002715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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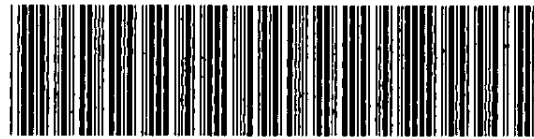
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/18/08--01019--002 \*\*78.75

FILED  
2008 JUN 18 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 18 2008

**LEPON HOLZWORTH & KATO, PLLC**

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Washington, DC 20036-2456

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June 17, 2008

New Filing Section  
Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee FL 32301


Re: Application By Foreign Corporation for Authorization to Transact Business in Florida

Dear Sir or Madam:

Please find enclosed a check for \$78.75 (filing fee and one certified copy) with Cape Classics Inc.'s Application By Foreign Corporation for Authorization to Transact Business in Florida. Cape Classics Inc.'s New York Certificate of Existence is also enclosed.

Please return the original Certificate for Authorization to Transact Business in Florida and a "filed stamped" copy in the enclosed self-addressed DHL package. Thank you for your prompt action. You may contact me if you have any questions.

Sincerely,

  
Shashikala Warriar  
Legal Administrator

Enclosures

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CAPE CLASSICS INC.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jeffrey M. Lepon

(Name of Person)

Lepon Holzworth & Kato, PLLC

(Firm/Company)

1225 19th Street, NW, Suite 500

(Address)

Washington, DC 20036-2456

(City/State and Zip code)

For further information concerning this matter, please call:

Jeffrey M. Lepon

(Name of Person)

at ( 202 ) 857-0242

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
2008 JUN 18 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. **CAPE CLASSICS INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **NEW YORK**

(State or country under the law of which it is incorporated)

3. **13-3359111**

(FEI number, if applicable)

4. **05/12/1986**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509**

(Principal office address)

**276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509**

(Current mailing address)

8. **IMPORT & DISTRIBUTION OF WINE**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Incorp Services, Inc.**

Office Address: **17888 67TH COURT NORTH**

**LOXAHATCHEE**

(City)

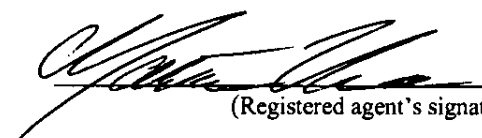
, Florida **33470**

(Zip code)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

 on behalf of **Incorp Services, Inc.**  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: ANDRE G. SHEARER (DIRECTOR)

Address: 276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509

Director: MARK SCHWARTZ (DIRECTOR)

Address: 276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509

Director: DAVID A. ACKERT (DIRECTOR)

Address: 276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509

**B. OFFICERS**

President: ANDRE G. SHEARER (PRESIDENT/TREASURER)

Address: 276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509

Vice President: MOLLY CHOI (SR. VICE PRESIDENT/SECRETARY)

Address: 276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509

Secretary: PERCIVAL MIJARES (ASST SECT./ASST. TREASURER)

Address: 276 FIFTH AVENUE, #1102, NEW YORK NY 10001-4509

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. PERCIVAL MIJARES, ASST SECT./ASST. TREASURER

(Typed or printed name and capacity of person signing application)

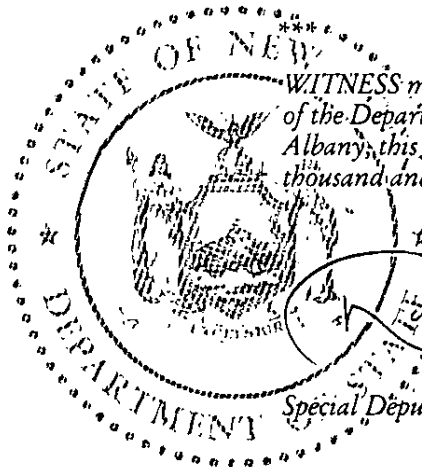
**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of CAPE CLASSICS INC. was filed on 05/12/1986, under the name of BERNHARD HORSTMAN & PARTNERS, LTD., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment BERNHARD HORSTMAN & PARTNERS, LTD., changing its name to CAPE CLASSICS INC., was filed 12/30/1999.

The Biennial Statement is past due.

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 12th day of June two  
thousand and eight.



*[Signature]*  
Special Deputy Secretary of State

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