

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001478

1. Corporation Name

THE VICTOIRE FRENCH-AMERICAN WINE AND SPIRITS COMPANY, INC.

Principal Place of Business

Mailing Address

2800 MILLER ST
STE A
SAN LEANDRO CA 94577
US

2800 MILLER ST
STE A
SAN LEANDRO CA 94577
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1993

5. FEI Number

94-2835101

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CDP	GROMAN, WILLIAM	65 BORDEAUX CT.	DANVILLE CA
S	HINMAN, JOHN	244 CALIFORNIA ST., STE. 300	SAN FRANCISCO CA 94111

1100002770831--1
-02/09/99--01134--012
****900.00 - ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name: Samuel L. Levitas
Street Address (P.O. Box Number is Not Acceptable):
1405 S.W. 10th Ave.
Suite, Apt. #, Etc.

City: Pompano Beach

State: FL Zip Code: 33069

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

Samuel L. Levitas
REGISTERED AGENT MUST SIGN

Date: 2/2/99

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:

Regina Groman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 610-352-7390
Date Daytime Phone #

CR2E(40) (9/98)