

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000745

1. Corporation Name

ROBERT MONDAVI INVESTMENTS, INC.

Principal Place of Business

P.O. BOX 106
OAKVILLE CA 94562

Mailing Address

P.O. BOX 106
OAKVILLE CA 94562



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

4. Date Incorporated or Qualified
To Do Business in Florida

02/16/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

68-0248575

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	MONDAVI, R M	5593 SILVERADO TRAIL	NAPA CA
D	MONDAVI, TIMOTHY J	5645 SILVERADO TRAIL	NAPA CA
D	BORGER, MARCIA M	130 EAST END AVENUE	NEW YORK NY
SRV	EVANS, GREGORY M	3150 BROWNS VALLEY RD.	NAPA CA
V	MATTEI, PETE	30 GOLDEN GATE CIRCLE	NAPA CA
T	GARASINO, RAYMOND L JR	175 MUND RD	ST HELENA CA 94574

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOND, WILLIAM J
12018 DUNMORE COURT
ORLANDO FL 32821

Name

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

Suite, Apt. #, Etc.

City

400009158314
11/21/02--01099--016 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

William J Bond
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/22/02

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-13-02(707) 251-4842

CR2E040 (9/02)



November 8, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom This May Concern:

Enclosed please find the completed and signed application for reinstatement. We did not receive the prior uniform business report or any notices of renewal. Please accept this application and penalty fee of \$150.00 and reinstate Robert Mondavi Investments, Inc. so that we may continue to do business in the state of Florida.

Best regards,

Raymond L. Garassino, Jr.
Treasurer

enclosure

ROBERT MONDAVI
A FAMILY OF WINES