PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000000040**

1. Corporation Name

VINE CLIFF WINERY, INC.

Principal Place of Business	Mailing Address
7400 SILVERADO TRAIL NAPA CA 94558	7400 SILVERADO TRAIL NAPA CA 94558

REINSTATEMENT 03

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: 01/02/1996

5. FEI Number: 68-0320137 — ☐ 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)

600024180066
10/27/03--01126--002 **150.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~P~~	SWEENEY, NELL M	7400 SILVERADO TRAIL	NAPA CA 94558
~~I~~	SWEENEY, CHARLES M	7400 SILVERADO TRAIL	NAPA CA 94558
~~S~~	SWEENEY, NELL M	7400 SILVERADO TRAIL	NAPA CA 94588
CEO/P	Sweeney, Nell M	7400 Silverado Trail	Napa CA 94558
VP	Sweeney, Charles M	7400 Silverado Trail	Napa CA 94558
COO/VP	Sweeney, Robert G	7400 Silverado Trail	Napa CA 94558

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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 SIGNATURE _____ Date _____

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.

SIGNATURE: X SIGNATURE Nell M. Sweeney 10-21-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vine Cliff
WINERY
Napa Valley

Memorandum

Date: October 22, 2003

To: Department of Corporations

Company: State of Florida

Subject: Application for reinstatement

Enclosed please find the completed and corrected application for reinstatement, and a company check for $150.00.

Prior to this notice of administrative dissolution or revocation we have received no renewal application or other notices.

We kindly request the reinstatement fees be waived.

Please contact me, at the below listed number, if you have any questions.

From: Christine Peterson, Sales and Marketing Operations Manager
Email: cpeterson@vinecliff.com

Winery: 7400 Silverado Trail Napa, California 94558 Tel: 707-944-2388 Fax: 707-944-2399
www.vinecliff.com