

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 19 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004946

1. Corporation Name

Heron Hill Vineyards, Inc.

2. Principal Office Address - No P.O. Box #

9301 County Route 76

Suite, Apt. #, etc.

3. Mailing Office Address

9301 County Route 76

Suite, Apt. #, etc.

City & State

Hammondsport, NY

City & State

Hammondsport, NY

Zip

14840

Country

USA

Zip

14840

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/1996

5. FEI Number
16-1080336

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ron Sedia - Transatlantic Wines + Spirits

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

15960 NW 15th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

Date

5/12/08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	John W. Ingle, Jr.	5970 Hicks Road	Naples, NY 14512
S	Josephine F. Ingle	5970 Hicks Road	Naples, NY 14512

REINSTATEMENT
2008-08
[Handwritten Signature]

10. 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 contained in Chapter 119, 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

[Handwritten Signature]

5/5/08

Date

607-868-4241

Daytime Phone #