

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 19 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H55716**

1. Corporation Name

Time for Wine, Inc.

W0100000146

2. Principal Office Address

5462 56th Commerce Park Blvd

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33610

Country
USA

3. Mailing Office Address

5462 56th Commerce Park Blvd

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33610

Country
USA

REINSTATEMENT

91-01

4. Date Incorporated or Qualified
To Do Business in Florida 4-29-85

5. FEI Number
59-2537964

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Manfred Rosowski

Street Address (P.O. Box Number is Not Acceptable)
8016 Chaney Lane

Suite, Apt. #, Etc.

City
Tampa

200004194712--6
-05/10/01-01134-017
***2020.00 ***2020.00
LS

State
FL

Zip Code
33617

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

M. Rosowski

Date 1.15.01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PTD	Angelika Rosowski	8016 Chaney Lane	Tampa, FL 33617
VSD	Manfred Rosowski	8016 Chaney Lane	Tampa, FL 33617

200004194712--6
-05/10/01-01134-018
****150.00 ****150.00

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 application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

M. Rosowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1.15.01

Daytime Phone #

813 664-1430

CR2E081 (9/99)