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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 15 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000010497

1. Limited Liability Company's Name

Empire Distilleries, L.L.C.

10/4/02

2. Principal Office Address		**3.** Mailing Office Address	
936 Crenshaw Lake Rd.		936 Crenshaw Lake Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Lutz, Florida		Lutz, Florida	
Zip	Country	Zip	Country
33558	USA	33558	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 8/25/2000

6. FEI Number: 65-1123397 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Henry Kasprow

Street Address (P.O. Box Number is Not Acceptable): 936 Crenshaw Lake Rd.

Suite, Apt. #, Etc.:

City: Lutz | State: FL | Zip Code: 33558

9. I, being appointed the registered agent of ~~the above named limited liability~~ company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 1/14/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Henry Kasprow	936 Crenshaw Lake Rd.	Lutz, Florida 33558

REINSTATEMENT 2002-2003

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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 1/14/03 Daytime Phone # 813 948-4950 813 390-6333

Typed or printed name of signing Managing Member/Manager _____