

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY WITH SEC. OF STATE DIVISION OF CORPORATIONS

L01000009776

AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009776

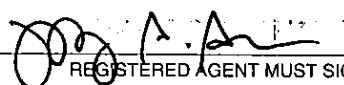
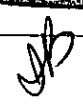
Name and Mailing Address

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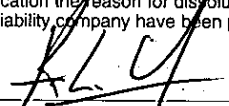
WINE DESIGN, LLC
9842 BAYBORO BRIDGE DR.
TAMPA FL 33626-1807



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 9842 BAYBORO BRIDGE DR. TAMPA FL 33626		5. Date Organized or Qualified To Do Business in Florida 06/13/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent JEFFREY A AMAN PA 14502 N. DALE MABRY HWY, STE 300 TAMPA FL 33618-2072		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 2/28/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	YOUNG, KEVIN L	9842 BAYBORO BRIDGE DR.	TAMPA FL
		700013345917 03/04/03--01006--007 **200.00	
		REINSTATEMENT 2002-2003 	

12. 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 2/18/03

Daytime Phone # 813-223-3449

Typed or printed name of signing Managing Member/Manager