

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

2004 JAN 16 PM 2:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024321

Name and Mailing Address

0005937 01 AT 0.292 **AUTO T3 0 0615 33133-254499



WATER2WINE, LLC
1699 TIGERTAIL AVENUE
MIAMI FL 33133-2544



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/18/2002	
Principal Place of Business 1699 TIGERTAIL AVENUE MIAMI FL 33133	3. New Principal Place of Business Address		6. FEI Number
	City, State, Zip		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COLEMAN, ANTHONY G JR 3275 WEST HILLSBORO BLVD., SUITE 207 DEERFIELD BEACH FL 33487		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 1-6-04	
SIGNATURE REQUIRED 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
MAN MBL	ROBIN HAAS		
			000027098220 01/16/04--01035--021 **200.00
REINSTATEMENT 2003-04			
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 01-10-04 Daytime Phone # 305-790-7636	
SIGNATURE REQUIRED			
Typed or printed name of signing Managing Member/Manager			