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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

03 DEC 29 PM 1:07

1. DOCUMENT # L02000032644

Name and Mailing Address

0012359 01 AT 0.292 **AUTO T5 0 0615 33437-352753

ROYAL-WINE & SPIRITS, LLC

6653 WEST BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33437-3527



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2002	
Principal Place of Business 6653 WEST BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1652191	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 DOORLY, ADAM P 6653 WEST BOYNTON BEACH BLVD. BOYNTON BEACH FL 33437	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 [Signature] **SIGNATURE REQUIRED** Date 12/16/03
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
MGR	DOORLY, ADAM P	6653 WEST BOYNTON BEACH BLVD.	BOYNTON BEACH FL 33437
MGR	RISLEY, RACHELLE R.	6653 W. BOYNTON BCH BLVD	BOYNTON BEACH, FL 33437
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REINSTATEMENT 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 person 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. 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 [Signature] **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # 561-732-2313
Typed or printed name of signing Managing Member/Manager RACHELLE R. RISLEY ADAM DOORLY

CR2E034 (7/03)