

L02000033529

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 OCT -8 PM 2:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000033529**

1. Limited Liability Company's Name

OLD VINES WINE AND SPIRITS, L.L.C.

300029645263
10/08/03--01040--006 **155.00

2. Principal Office Address

900 E. ATLANTIC AVE.

Suite, Apt. #, etc.

UNIT 3

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

3. Mailing Office Address

900 E. ATLANTIC AVE.

Suite, Apt. #, etc.

UNIT 3

City & State

DELRAY BEACH, FL

Zip

33483

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/13/2002

6. FEI Number

14-1861572

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

PETER GRASSI

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

86 MACFARLANE DRIVE

Suite, Apt. #, Etc.

#3F

City

DELRAY BEACH

State

FL

Zip Code

33483

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

Peter Grassi

Date

10/2/2003

REGISTERED AGENT MUST SIGN

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
MGRM	PETER GRASSI	86 MACFARLANE DRIVE #3F	DELRAY BEACH, FL 33483

REINSTATEMENT 2003

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

Peter Grassi

Date

10/2/2003

Daytime Phone #

561-276-2076

Typed or printed name of signing Managing Member/Manager

PETER GRASSI

CR2ED41 (10/02)