

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -2 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300167768633  
02/02/10--01013--011 \*\*416.25

CR2E041 (11/09)

DOCUMENT # L040000026484

1. Limited Liability Company's Name

Moonlit Road Vineyards, LLC

2. Principal Office Address - No P.O. Box #

1345 Virginia Lee Cir

Suite, Apt. #, etc.

3. Mailing Office Address

1345 Virginia Lee Cir

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34602

Country

U.S.A.

Zip

34602

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4/07/2004

6. FEI Number

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

Marnie Azdell

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

1345 Virginia Lee Cir

Suite, Apt. #, Etc.

City

Brooksville FL

State

FL

Zip Code

34602

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Marnie Azdell

REGISTERED AGENT MUST SIGN

Date 1-27-10

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	Marnie Azdell	1345 Virginia Lee Cir.	Brooksville FL 34602
MGR	Darren Azdell	1345 Virginia Lee Cir	Brooksville FL 34602

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11. E-mail Address: Mazdell@windblue.net

(To be used for future annual report notifications)

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

Marnie Azdell

Date

1-27-10

Daytime Phone #

834950920

Typed or printed name of signing Managing Member/Manager

Marnie Azdell