2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
08 NOV -3 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000110097

1. Entity Name
NGB INTERNATIONAL SPIRITS LLC

Principal Place of Business	Mailing Address
4485 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140 US	4485 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140 US

10212008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 83-0453795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUY, JOHN E MGRM 4485 N. MERIDIAN AVE. MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 10/30/08
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2009, Fee will be $377.50

BK

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NORGAARD, ERIK 4485 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Norgaard, Erik 4485 N. Meridian Ave. Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GUY, JOHN 4485 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Guy, John 4485 N. Meridian Ave. Miami Beach, FL 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BADIA, DAVID 4485 NORTH MERIDIAN AVENUE MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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REINSTATEMENT 2008

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: _____ 10/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF MGRM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #