

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD6000001341

1. Limited Liability Company's Name

WINES UNLIMITED USA, LLC

FILED

2009 FEB -3 PM 1:56

100141453781

02/03/09 100141453781 138.75

100141453781
01/20/09--01023--007 **281.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # <u>8828 MUSTANG ISLAND</u> Suite, Apt. #, etc. <u>CIRCLE</u>		3. Mailing Office Address <u>8828 MUSTANG ISL</u> Suite, Apt. #, etc. <u>CIRCLE</u>	
City & State <u>NAPLES, FL</u>		City & State <u>NAPLES, FL</u>	
Zip <u>34113</u>	Country <u>COLLIER</u>	Zip <u>34113</u>	Country <u>Collier</u>

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/1/06

6. FEI Number

80-0329302

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 <u>RACHNA MEHRA</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>8828 MUSTANG ISLAND CIRCLE</u>			
Suite, Apt. #, Etc.			
City <u>NAPLES</u>	State <u>FL</u>	Zip Code <u>34113</u>	

☒ 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

Rachna Mehra

REGISTERED AGENT MUST SIGN

Date

1/14/09

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
<u>MAN</u>	<u>RACHNA MEHRA</u>	<u>8828 MUSTANG ISLAND</u> <u>CIR</u>	<u>NAPLES, FL 34113</u>
<u>MAN</u>	<u>RACHNA MEHRA</u>	<u>SAME</u>	<u>SAME</u>
REINSTATEMENT 07-08-09			

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

Rachna Mehra

Date

1/14/09

Daytime Phone #

863-653-9374

Typed or printed name of signing Managing Member/Manager

RACHNA MEHRA

C.L.