2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000027351

Entity Name: ECLECTIC CELLARS, LLC

FILED Oct 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1001 NORTH FEDERAL HIGHWAY STE 365 501 GOLDEN ISLES DRIVE HALLANDALE BEACH, FL 33009

206 C

HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

1001 NORTH FEDERAL HIGHWAY STE 365 501 GOLDEN ISLES DRIVE

HALLANDALE BEACH, FL 33009 206 C

HALLANDALE BEACH, FL 33009

FEI Number: 58-2603134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEWART, ALBERT STEWART, ALBERT 419 GOLDÉN ISLES DRIVE 419 GOLDÉN ISLES DRIVE APPT 206 APPT 310 HALLANDALE, FL 33009 US HALLANDALE, FL 33009 US

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.

SIGNATURE: ALBERT STEWART 10/02/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition

STEWART, ALBERT STEWART, ALBERT Name: Name: Address: 1001 NORTH FEDERAL HIGHWAY STE 316 Address: 501 GOLDEN ISLES DRIVE, SUITE 206 C

City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: HALLANDALE BEACH, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: ALBERT STEWART 10/02/2008