

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2011 DEC -2 AM 8 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L10000098202

1. Limited Liability Company's Name

UNCORKED WINE EVENTS

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 815 NW 123RD DRIVE		3. Mailing Office Address 815 NW 123RD DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33071	Country USA	Zip 33071	Country USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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 **BRENDA HUNTER**

Street Address (P.O. Box Number is Not Acceptable)  
815 NW 123RD DR

Suite, Apt. #, Etc.

City **CORAL SPRINGS** State **FL** Zip Code **33071**

E-mail Address:

**900214817769**  
12/02/11--01037--005 \*\*238.75

**BRENDA@UNCORKEDWINEEVENTS**  
(To be used for future annual report notices)

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

*Brenda Hunter*

REGISTERED AGENT MUST SIGN

Date

12-1-11

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
PRES	BRENDA HUNTER	815 NW 123RD DRIVE	CORAL SPRINGS FL 33071

REINSTATEMENT  
2011

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Brenda Hunter*

Date

12/1/11

Daytime Phone #

954-614-2296

Typed or printed name of signing Managing Member/Manager

J. SAULSBERRY  
EXAMINER

DEC 5 2011