

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 30 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L90004

1. Corporation Name

L'AIGLON WINE AND SPIRITS IMPORT CO., INC.

Principal Place of Business

10700 SW 88TH ST  
SUITE 208  
MIAMI FL 33176

Mailing Address

10700 SW 88TH ST  
SUITE 208  
MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3000 Island Blvd.  
Suite, Apt. #, etc.  
PH-01

3. New Mailing Office Address, If Applicable

3000 Island Blvd.  
Suite, Apt. #, etc.  
PH-01

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1990

5. FEI Number

13-3183532

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee Required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	GOLDBERG, BERNARD	3000 ISLAND BLVD. #PH-1	WILLIAMS ISLAND FL 33160

700002707407--2  
12/09/98 01072 003  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

See other side for information  
on intangible tax.

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/98

Date

305-931-9179  
Daytime Phone #

CR2ED40 (9/95)

Wfz

*L' Aiglon Wine & Spirits Import Co. Inc.*

3000 ISLAND BLVD. • APT. PH-01  
WILLIAMS ISLAND, FL 33160  
PHONE: (305) 931-9179  
FAX: (305) 932-7464

November 25, 1998

Division Of Corporations  
Annual Report Reinstatement Section  
PO Box 6327  
Tallahassee, Fl. 32314-6327

Dear Sir:

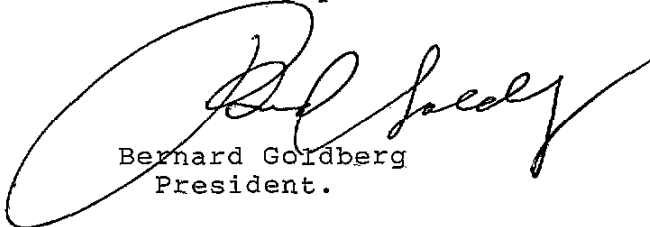
This morning I called your office and spoke to a young lady whose name was Leslie.

I explained to her that I had not received the enclosed notice since we had moved and had notified the post office with a change of address last year.

To prove my point enclosed herewith is a copy from the State of Florida the Department of Business and Professional Regulation which correctly reflects the new address.

Leslie explained the situation to me and told me to fill out the enclosed form with the correct new address which I have done and to enclose a check in the amount of \$150.00 which I am doing.

Very truly yours,



Bernard Goldberg  
President.