

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97280

1. Corporation Name

IN VINO VERITAS, INC.

REINSTATEMENT 96-05

CR2E081 (8/05)

2. Principal Office Address
1605 Tysons Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address
1605 Tysons Boulevard

Suite, Apt. #, etc.

City & State
McLean, VA

Zip
22102

Country

City & State
McLean, VA

Zip
22102

Country

4. Date Incorporated or Qualified
To Do Business in Florida 08/29/1990

5. FEI Number
650347770

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Richard J. DeWitt

Street Address (P.O. Box Number is Not Acceptable)
2000 Ponce de Leon Blvd

Suite, Apt. #, Etc.
6th Floor

City
Coral Gables

State
FL

Zip Code
33134

100063555061

01/12/06--01040--001 **2100.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Mr.	William Brent Hill / President	1135 Bromley Road	Avondale Estates, GA 30002
Mr.	Thomas Arash Boldt / VP	2302 Pacific Avenue #8	Venice, CA 90291
Mr.	Richard J. Dewitt / Sec	2000 Ponce de Leon, 6th Fl.	Coral Gables, FL 33134

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/05

Date

404-227-0888

Daytime Phone #