

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

L98-3031

1. Limited Liability Company's Name

~~The Wine Messenger (Florida), LLC~~

The Wine Messenger (Florida) LLC

2. Principal Office Address

3564 St. Gaudens Rd.
Suite, Apt. #, etc.

City & State
Coconut Grove, FL

Zip Country
33133-6531 USA

3. Mailing Office Address

371 North Avenue

Suite, Apt. #, etc.

City & State
New Rochelle, NY 10801

Zip Country
10801 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida May 1999

6. FEI Number 65-0989566

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

Bruce Seabrook

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

3564 Saint Gaudens Road

Suite, Apt. #, Etc.

City

Coconut Grove

State
FL

Zip Code
33133-6531

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

Bruce Seabrook

REGISTERED AGENT MUST SIGN

Date 10-27-00

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
MGR	Jacques P. Boulanger	371 North Avenue	New Rochelle, NY 10801

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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

Jacques P. Boulanger

Date 10/30/00 Daytime Phone # (914) 632-4829

Typed or printed name of signing Managing Member/Manager