

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:56

DOCUMENT # L98000003031

1. Limited Liability Company's Name

The Wine Messenger (Florida) LLC

2. Principal Office Address

3564 St. Gaudens Rd.

Suite, Apt. #, etc.

City & State

Coconut Grove, FL

Zip

33133-6531

Country

USA

3. Mailing Office Address

628 Waverly Ave

Suite, Apt. #, etc.

City & State

Mamaroneck, NY

Zip

10543

Country

USA

CR2E041 (8/05)

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 16-MAR-06

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
MEM	Rodolphe Boulanger	628 Waverly Ave	Mamaroneck, NY 10533

REINSTATEMENT

04-06

000069537310

04/05/06--01034--011 **250.00

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

Rodolphe Boulanger

Date

3/14/06

Daytime Phone # 914-777-7047

Typed or printed name of signing Managing Member/Manager Rodolphe Boulanger