

mo 00002032



Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000002032

Name and Mailing Address

0002743 01 FP 0.352 \*\*PRSR T9 0 0615 33169-602765  
CHOCOWIT CANDY COMPANY LLC  
65 N.W. 168 ST.  
NORTH MIAMI BEACH FL 33169-6027



<b>2. New Mailing Address</b>  City, State, Zip		<b>4. State/Country of Formation</b>  DE	
<b>Principal Place of Business</b> 65 N.W. 168 ST. NORTH MIAMI BEACH FL 33169		<b>5. Date Organized or Qualified To Do Business in Florida</b>  09/05/2001	
<b>3. New Principal Place of Business Address</b> 1700 Soscol Ave., #29 City, State, Zip Napa, CA 94559		<b>6. FEI Number</b> 65-1132146  <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b>  GRODEN, RICHARD 65 N.W. 168 ST. NORTH MIAMI BEACH FL 33169		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City 300008811663 11/05/02-01102-002 **150.00 FL Zip Code			
<b>10. 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.</b>  Signature of Registered Agent <i>[Signature]</i> Date _____ <b>REGISTERED AGENT MUST SIGN</b>			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	GRODEN, RICHARD	65 N.W. 168 ST.	NORTH MIAMI BEACH FL 33169

REINSTATEMENT 2002

11/6/02

12. 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 *[Signature]* Date 10/24/02 Daytime Phone # 305-818-2175

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)