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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
 Glenn E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

**M02000001305**

APPROVED AND FILED

03 NOV 24 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000001305

Name and Mailing Address

0017772 01 FP 0.352 \*\*PRSRT H5 1 0615 97148

DOMAINE DE MARIA SOTER LLC  
22040 NE RIDGE ROAD  
YAMHILL OR 97148

**REINSTATEMENT**



2. New Mailing Address P.O. Box 400 City, State, Zip Yamhill, OR 97148		4. State/Country of Formation OR	
Principal Place of Business 22040 NE RIDGE ROAD YAMHILL OR 97148		5. Date Organized or Qualified To Do Business in Florida 05/16/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 93-1265782	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent BOOTH, LYNN C/O SOUTHERN WINE & SPIRITS 1600 NW 163RD STREET MIAMI FL 33169		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

Signature of Registered Agent Lynn Booth REGISTERED AGENT MUST SIGN Date 11/3/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SOTER, ANTHONY M	P.O. BOX 400	YAMHILL OR 97148
MGR	SOTER, MICHELLE	P.O. BOX 400	YAMHILL OR 97148

200024979132  
11/24/03--01079--013 \*\*150.00

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 reasons for dissolution have 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 Anthony M. Soter Date 11/12/03 Daytime Phone # 503 662 5600

Typed or printed name of signing Managing Member/Manager Anthony M. Soter, Manager