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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M02000002037

NOV 0 2003 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 DEC 23 PM 1:42

1. DOCUMENT # M02000002037

Name and Mailing Address

0017002 01 MB 0.309 **AUTO H2 0 0615 95476-663861



PURPLE WINE COMPANY, LLC
561 FIRST STREET WEST
SONOMA CA 95476-6638



2. New Mailing Address PO Box 390	4. State/Country of Formation CA
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City, State, Zip GRATON, CA 95444	5. Date Organized or Qualified To Do Business in Florida 08/02/2002
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Principal Place of Business 561 FIRST STREET WEST SONOMA CA 95476	3. New Principal Place of Business Address 9119 GRATON ROAD City, State, Zip GRATON, CA 95444	6. FEI Number 94-3410677	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent ROBERTS, PHIL 7431 N.W. 25TH STREET MARGATE FL 33063	9. Name and Address of New Registered Agent Name CHRIS BRAMAN Street Address (P.O. Box Number is Not Acceptable) 2641 SOUTH WEST 20th STREET City FORT LAUDERDALE FL Zip 33312
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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 Chris Braman Date _____
REGISTERED AGENT MUST SIGN

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	BENHAM, DEREK G	561 FIRST STREET WEST	SONOMA CA 95476

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REINSTATEMENT 2003
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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 12/18/03 Daytime Phone # (707) 824-5372

Typed or printed name of signing Managing Member/Manager _____

CR2E184 (7/03)