


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 15 AM 9:52

|   |   |   |  |
|---|---|---|--|
| DOCUMENT # M04000002520   |   |  |  |
| 1. Entity Name<br>HUNDRED ACRE WINE DISTRIBUTION, LLC   |   |   |  |
| Principal Place of Business<br>565 CRYSTAL SPRINGS ROAD<br>ST HELENA, CA 94574  |   | Mailing Address<br>565 CRYSTAL SPRINGS ROAD<br>ST HELENA, CA 94574                |  |
| 2. Principal Place of Business  |   | 3. Mailing Address<br>P.O. Box 380  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |
| City & State  |   | City & State<br>Rutherford, CA  |  |
| Zip   | Country   | Zip   | Country  |
| 94573   | U.S.A.  | 94573   | U.S.A.   |
| 4. FEI Number<br>71-0911965   |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent                                       |  |
| STACOLE FINE WINES<br>CLINT MOORE PLAZA<br>1003 CLINT MOORE ROAD<br>BOCA RATON, FL 33487  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   |   |   |  |
| SIGNATURE <i>Ginette Jordan</i> (Ginette JORDAN) Beverage Compl ADM. 11/04/05   |   | DATE  |  |
| FILE NOW!!! FEE IS \$150.00<br>After January 1, 2006, Fee will be \$200.00  |   | Make check payable to<br>Florida Department of State                              |  |
| 9. MANAGING MEMBERS/MANAGERS  |   | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>SMITH, BURGESS<br>565 CRYSTAL SPRINGS ROAD<br>ST HELENA, CA 94574 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Director of Operations<br>Jeanine Aitken<br>565 Crystal Springs Rd.<br>St. Helena, CA 94574 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | 300061441143<br>11/15/05--01052--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |  |
| SIGNATURE <i>Jeanine Aitken</i>   |   | 10/18/05 707-967-9398   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   | Date Daytime Phone #  |  |