

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

09 SEP -9 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700160312817
09/03/09--01041--005 **1058.75

CR2E081 (12/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M04000005014

1. Corporation Name

TRIPLE WINES, LLC

2. Principal Office Address - No P.O. Box #

801 Main Street

Suite, Apt. #, etc.

City & State

St. Helena, CA

Zip

94574

Country

USA

3. Mailing Office Address

Legal Dep't.
207 High Point Drive

Suite, Apt. #, etc.

Building 100

City & State

Victor, NY

Zip

14564

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/04

5. FEI Number

20-1259866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

James M. Newsome

JAMES M. NEWSOME

REGISTERED AGENT Special Assistant Secretary

Date

8/17/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

(SEE COMPLETE LIST WITH KEY
ATTACHED)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MEM	Franciscan Vineyards, Inc.	1178 Galleron Road	Rutherford, CA 94573
P/D	F. Paul Hetterich	207 High Point Dr., Bldg. 100	Victor, NY 14564
S/T/D	Ronald C. Fondiller	235 N. Bloomfield Rd.	Canandaigua, NY 14424
		S. HAWKES	
		SEP 1 0 2009	
		REINSTATEMENT	
		EXAMINER	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Newsome / Secretary, Treasurer + Director

9/1/09

Date

585-396-7631

Daytime Phone #