


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M08000000829

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 21 PM 3:32

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M08000000829

1. Limited Liability Company's Name

G&I VI VINYARDS LLC

500214509575

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # C/O DRA ADVISORS LLC		3. Mailing Office Address C/O DRA ADVISORS LLC		4. State/Country of Formation DELAWARE	
Suite, Apt. #, etc. 220 E. 42ND ST. 27TH FL.		Suite, Apt. #, etc. 220 E. 42ND ST. 27TH FL.		5. Date Organized or Qualified To Do Business in Florida 02/20/2008	
City & State NEW YORK, NY		City & State NEW YORK, NY		6. FEI Number 26-1900829	
Zip 10017	Country USA	Zip 10017	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SS1001 Additional Fee required for Certificate of Status</small> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
8. Name and Address of Current Registered Agent				E-mail Address:	
Name CORPORATION SERVICE COMPANY				vfranklin@draadvisors.com (To be used for future annual report notices)	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET					
Suite, Apt. #, Etc.					
City TALLAHASSEE		State FL	Zip Code 32301		

9. 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 Michele Henry Michele Henry Assistant VP Date November 21, 2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	G&I VI MEZZ WRANGLER LLC	220 E. 42ND ST. 27TH FL.	NEW YORK, NY 10017
REINSTATEMENT			

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager [Signature] Date 11/18/11 Daytime Phone #

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY

M08000000829

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV 21 PM 3:32

ACCOUNT NO. : I20000000195

REFERENCE : 987346 4391782

AUTHORIZATION : *Lyndee*

COST LIMIT : \$ 638.75

ORDER DATE : November 21, 2011

ORDER TIME : 1:18 PM

ORDER NO. : 987346-075

CUSTOMER NO: 4391782

238.75

REINSTATEMENT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOV 21 PM 1:54
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: G&I VI VINYARDS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce

BK

EXAMINER'S INITIALS _____