

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 21 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004861

1. Corporation Name

NEW WINE CORPORATION

Principal Place of Business

Mailing Address

11 SILVER TERRACE
OCALA FL 34472

11 SILVER TERRACE
OCALA FL 34472

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

01-0720969

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	NELSON L. CARRASQUILLO	11 SILVER TERRACE	OCALA FL 34472
VICE PRES.	YVETTE CARRASQUILLO	11 SILVER TERRACE	OCALA FL 34472
SEC.	BEVERLY ANN RIOS	10248 DYLAN #433	ORLANDO FL 32825
TREAS.	JEAN SANTIAGO	35#2-GT METROPOLIS	CAROLINA PR 00987
			400023987964 10/21/03--01147--003 ***61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARRASQUILLO, NELSON L
11 SILVER TERRACE
OCALA FL 34472

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date OCT. 16, 2003

11. 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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCT. 16, 2003

Date

352-680-1910

Daytime Phone #

CR2E040 (7/03)



To Whom It May Concern

My name is Nelson L. Carrasquillo the **current Registered Agent / President of New Wine Corporation.**

I am writing because I want the **"Reinstatement Fee"** waived due to the fact that I have never received the **"Annual Report Form."**

As per my conversation with one of your representative via phone call, with the **"Application for Reinstatement"** I have included a check for the amount of \$61.25 since we are a non-profit corporation.

Thank you,
New Wine Ministries
Rev. Nelson L. Carrasquillo