PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

N02000004861 DOCUMENT

1. Corporation Name

NEW WINE CORPORATION

Principal Place of Business

Mailing Address

SIGNATURE:

FILED

03 OCT 21 AM 10: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

352-680-1910

Daytime Phone #

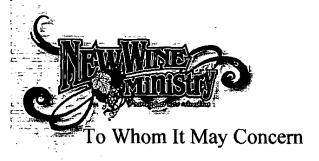
OCT. 16, 2003

11 SILVER T OCALA FL 3		-3	11 SILVER TE OCALA FL 34				RENY	STATE	Neighborn Market	03	
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. Data Incom	· ,	<u> </u>		~
							4. Date Incorporated or Qualified To Do Business in Florida 06/24/2002				
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For				
City & State			City & State				01-0720969 Not Applicab			le	
Zip		Country	Zip		Country		6. CERTIFICATE	OF STATUS DESIR		75 Additional Fee requor a Certificate of Statu	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)											
Title(s)	Name of Officers and/or Directors			Street Address of Ea Officer and/or Direct				City / State / Zip			
PRES.	NELSON L. Carrasquillo			11 SILVER TERRACE			<u> </u>	OCALA FL 34472			
VICE PRES.	VVETTE CARRAGOUILLO			11 SILVER TERRACE			E	OCALA	元:	34472	
SEC.	BEVERLY ANN RIOS			10248 DVLAN #433			<u>3</u>	DRLAND	FL	32825	
TREAS.	JEAN SANTIAGO			35#2-GT METRO			DPLLS	CAROLIN	A PR	00987	
				400023987964 						_	
											{
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent			
			•		- 1	Name:	,	· -		~ .	(2/03)
	ielson l De	Street Address (P			P.O. Box Number is Not Acceptable)						
11 SILVER TERRACE OCALA FL 34472					Suite, Apt. #, Etc.						
						City State 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 Date CT. 16, Zoo.3 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 filling											
11. I certify	that I am an o	micer or director or the receiv	er or trustee en	npowered to a	execute this	s application as p	provided for in cha	lpter 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

ING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.



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.

THE GROWN CONTRACT

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