

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004316

1. Corporation Name

FORT LAUDERDALE INTERNATIONAL WINE FAIR, INC.

Principal Place of Business

Mailing Address

~~801 SOUTHWEST 3RD AVE~~
~~FORT LAUDERDALE FL 33312~~

~~801 SOUTHWEST 3RD AVE~~
~~FORT LAUDERDALE FL 33312~~

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

Suite, Apt. #, etc.

1531 SOUTHEAST 13 STREET

Suite, Apt. #, etc.

PO BOX 460250

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33316-2211

Country

USA

Zip

33346-0250

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/27/1998

5. FEI Number

65-0860066

Applied ☒ SP

Not Applicable ☐

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MORRISON, RON	301 SOUTHWEST 3RD AVE 211 SOUTH ATLANTIC BLVD	FORT LAUDERDALE FL 33312-33316
D	DU MONT, DOLPH	1531 SE 13TH STREET	FORT LAUDERDALE FL 33316
D	DU MONT, PATRICIA	1531 SE 13TH STREET	FORT LAUDERDALE FL 33316

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DU MONT, DOLPH
1531 SE 13TH ST
FORT LAUDERDALE FL 33316-2211

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.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-19-99

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] Dolph Du Mont, Director

10-19-99
Date

954.522.1093
Daytime Phone #

CR2040 (8/99)