

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000023648

1. Corporation Name

WINE IMPORTS, INC.

Principal Place of Business

Mailing Address

5502 ANDERSON ROAD  
TAMPA FL 33634

5502 ANDERSON ROAD  
TAMPA FL 33634

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/07/2000

5. FEI Number

59-3679711

Applied For  
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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PLAZZA, MARIO	5502 ANDERSON ROAD	TAMPA FL 33634
			800004698668--5 11/29/01 01059 024 ****750.00 ****750.00
			REINSTATEMENT 01/11/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTELLANO, NELSON T ESQ  
101 E KENNEDY BLVD  
TAMPA FL 33602

Name

MARIO PLAZZA

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

5502 Anderson Rd

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

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

*Mario Plaza*

Date 10-30-01

REGISTERED AGENT MUST SIGN

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:

*Mario Plaza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-01

Date

813 884-2382

Daytime Phone #

CR2E040 (8/01)