

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 AM 9:27

DOCUMENT # P00000088216

1. Corporation Name

EURO WINE IMPORTERS, INC.

Principal Place of Business

1501 SE 9TH STREET
FORT LAUDERDALE FL 33316

Mailing Address

1501 SE 9TH STREET
FORT LAUDERDALE FL 33316



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

1314 SW 1st Avenue
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE

Zip 33315 Country FL

3. New Mailing Office Address, If Applicable

1314 S.W. 1st Avenue
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE

Zip 33315 Country FL

4. Date Incorporated or Qualified
To Do Business in Florida

09/18/2000

5. FEI Number

65-1040257

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GUERIN, ROLLAND	1501 SE 9TH STREET	FORT LAUDERDALE FL 33316
			100004728481--4 -12/17/01--01058--004 ***600.00 ***600.00
			100004728481--4 -12/17/01--01058--005 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA FL 33004

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11/27/01

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:

Rolland Y. GUERIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/27/01

Daytime Phone #

CR2E040 (8/01)