PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 14 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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03/14/03--01094--019 **900.00

DOCUMENT # P00000088345

1. Corporation Name

CORTO WINE & SPITIS, INC.

2. Principal Office Address	**3.** Mailing Office Address
1314 S.W 1st AVENUE	1314 S.W. 1st AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business In Florida 09/18/2000

City & State	City & State
FORT LAUDERDALE Florida	FORT LAUDERDALE Florida

5. FEI Number 65-1046483 | Applied For / Not Applicable

Zip	Country	Zip	Country
33315	USA	33315	USA

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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7. Name and Address of Current Registered Agent

Name VEZIER, JEAN-PAUL

Street Address (P.O. Box Number is Not Acceptable) 105 N.E 7th STREET

Suite, Apt. #, Etc.

City DELRAY BEACH	State FL	Zip Code 33444

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____   REGISTERED AGENT MUST SIGN

Date 03/11/2003

CR2E081 (10/02)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	VEZIER, JEAN-PAUL	107 N.E 7TH STREET	DELRAY BEACH, FL33444

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10. 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: VEZIER Jean-Paul
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/11/03

Daytime Phone # 954 588 9045