

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -4 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110750

Corporation Name

ROOTS WINES IMPORTERS, INC.

2. Principal Office Address

18128 Birdwater Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

3. Mailing Office Address

18128 Birdwater Drive

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33647

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/2000

5. FEI Number

651060760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul P. Holtzhausen

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

18128 Birdwater Drive

Suite, Apt. #, Etc.

City

Tampa

State  
FL

Zip Code

33647

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 10/25/02

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/D	Paul P. Holtzhausen	18128 Birdwater Drive	Tampa, FL 33647
D	Derina R. Holtzhausen	18128 Birdwater Drive	Tampa, FL 33647

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul P. Holtzhausen, Pres./Dir. 10/25/02 813-991-9896

Date

Daytime Phone #

CR2E081 (9/01)

**Paul Holtzhausen  
Roots Wines Importers, Inc.  
18128 Birdwater Drive  
Tampa, FL 33647**

Tuesday, October 22, 2002

Florida Department of State  
Division of Corporations

Dear Annual Report Section:

Enclosed you will find my reinstatement application for Roots Wines Importers, Inc. and my check for \$150. I did not receive the 2002 notice of annual report filing.

If you have any questions I can be reached at 813-991-9896.

Sincerely,



Paul Holtzhausen  
President  
Roots Wines Importers, Inc.

*Please take note of address.*