


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 28 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** PO 10000 49409

1. Corporation Name  
  
THE WINE VAULT OF NAPLES, INC.

2. Principal Office Address - No P.O. Box # 6200 Shirley St. #201		3. Mailing Office Address 6200 Shirley St. #201	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Naples, FL		City & State Naples, FL	
Zip 34109	Country USA	Zip 34109	Country USA

REINSTATEMENT

CR2E081 (1/07) 02-07

4. Date Incorporated or Qualified To Do Business in Florida 5/17/01

5. FEI Number 26-0751694

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name  
Larry R. Andrews

Street Address (P.O. Box Number is Not Acceptable)  
6200 Shirley St.

Suite, Apt. #, Etc.  
Suite 201

City Naples	State FL	Zip Code 34109
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Larry R. Andrews Date 8/8/07

REGISTERED AGENT MUST SIGN

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
D	Larry R. Andrews	6200 Shirley St. #201	Naples, FL 34109

COPY NAME CHANGE & RESUBMISSION CHECK OFF HOLD

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 contained in Chapter 119, 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: Larry R. Andrews 8/8/07 239-598-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mached AUG 28 2007