

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 NOV 16 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PD1000077144**

1. Corporation Name

**EXCLUSIVE WINE  
DISTRIBUTORS, INC.**

2. Principal Office Address

**2889 McFarlane RD**

3. Mailing Office Address

**5300 W 14TH AVE**

Suite, Apt. #, etc.

**UNIT 1511**

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

**HiALeAh. FL.**

Zip

**33133**

Country

**USA.**

Zip

**33012**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**08-06-2001**

5. FEI Number

**20-5820922**

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

11-06-06 01030 011 \$600.00  
CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

**LEON BUNNEY**

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

**5300 W 14TH. AVE.**

Suite, Apt. #, Etc.

City

**HiALeAh.**

State  
**FL**

Zip Code

**33012**

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

**X Leon Bunney**

Date

**X 10-31-06**

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
<b>President</b>	<b>LEON BUNNEY</b>	<b>5300 W 14TH. AVE.</b>	<b>HiALeAh FL. 33012</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**X 10-31-06 X 10-31-06**

**REINSTATEMENT 03-06**

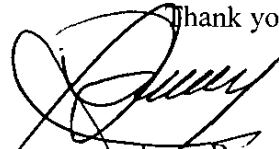
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September 20, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

To Whom It May Concern:

This letter is concerning my company EXCLUSIVE WINE DISTRIBUTORS, INC. document # P01000077144 for the Corporation Reinstatement. The company was unused for four years and I was unaware that I had to renew the company annually, as well as the fact that I never received a company renewal document in the mail, most likely because we changed our address from the previous 5300 W 14<sup>th</sup> Ave. Hialeah, FL. 33012 to our new address 2889 McFARLANE RD. UNIT 1511 MIAMI, FL. 33133. I would like to renew the company and pay the fee for the renewal and ask that you please waive the \$600.00 penalty. If I would have had knowledge of the renewal I most certainly would have made it. Thank you so much for your time, and if you have any questions, comments, or concerns, please let me know.

Thank you,  
  
Leon Bunney  
Current Registered Agent  
Owner

