

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 21 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

DOCUMENT #

1. Corporation Name

Cheese and Wine Corporation

2. Principal Office Address

201 Crandon Blvd.

Suite, Apt. #, etc.

Apt. 108

City & State

Key Biscayne, FL

Zip

33149

Country

USA

3. Mailing Office Address

201 Crandon Blvd.

Suite, Apt. #, etc.

Apt. 108

City & State

Key Biscayne, FL

Zip

33149

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 30, 2001

5. FEI Number

65.1159906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02

7. Name and Address of Current Registered Agent

Name

Bruno Rebessi

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

201 Crandon Blvd.

Suite, Apt. #, Etc.

Apt. 108

City

Key Biscayne

State

FL

Zip Code

33149

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

[Signature]

Date

Nov. 18, 02

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
P	Carmen Rebessi	201 Crandon Blvd. Apt. 108	Key Biscayne, FL, 33149
S/R/D	Bruno Rebessi	201 Crandon Blvd. Apt. 108	Key Biscayne, FL, 33149

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

Nov. 18, 02

Date

(305) 361-5492

Daytime Phone #

gr 11/25