

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000065351**

1. Corporation Name

MARCO & SON WINE IMPORTING & DISTRIBUTION, INC.

Principal Place of Business

5520 ANDRSON ROAD
TAMPA FL 33614

Mailing Address

5520 ANDRSON ROAD
TAMPA FL 33614

FILED

03 OCT 31 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1911 US HWY 301 NORTH

Suite, Apt. #, etc.

SUITE # 180

City & State

TAMPA, FL

Zip

33619

Country

US

3. New Mailing Office Address, If Applicable

1911 US HWY 301 NORTH

Suite, Apt. #, etc.

SUITE # 180

City & State

TAMPA, FL

Zip

33619

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/2002

5. FEI Number

47 0868520

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	VIVONA, MARCO L	510 GOLDEN RAINTREE PLACE	BRANDON FL 33510

800024577478
11/12/03--01002--012 **150.00

8. Name and Address of Current Registered Agent

MIZIO, ARMANDO F
25400 US 19 NORTH STE 210
CLEARWATER FL 33763

9. Name and Address of New Registered Agent

Name

ROBERT X. LYONS

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

2901 W. BUSCH BLVD

Suite, Apt. #, Etc.

#1005

City

TAMPA

State

FL

Zip Code

33618

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Robert Lyons

REGISTERED AGENT MUST SIGN

Date 10/29/01

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/01

Daytime Phone #


CR2E040 (7/03)

10/29/03

To Whom It May Concern:

I never received my first annual report for May 1st, 2003. Please reinstate
My corporation for the fee of \$150.00 (check enclosed)

Thank You



Marco L. Vivona