

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000071794

Entity Name: VINERY VENTURES, INC.

**FILED**  
**Oct 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

4902 KIRKMAN ROAD  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

4902 KIRKMAN ROAD  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 51-0415545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PATEL, SHILPEN N  
4902 KIRKMAN ROAD  
ORLANDO, FL 32811 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHILPEN PATEL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: PATEL, SHILPEN N  
Address: 4902 KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: V ( ) Delete  
Name: PATEL, HITESH N  
Address: 4902 KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: V ( ) Delete  
Name: PATEL, SNEHLATA N  
Address: 4902 KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHILPEN PATEL

Electronic Signature of Signing Officer or Director

PRES

10/28/2008

Date