PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FURNO

			-					
CORPORATION REINSTATEMENT	Secretary of	DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		O3 DEC 31 AM IO: 28 SECREMAY OF STATE TALLABASSEE FLORIDA				
DOCUMENT # P 0 2 0 0 0 0 8 9 / 0 / 1. Corporation Name				77 1242				
wine Access	onies U	ISA Inc						
2. Principal Office Address Miami 2461 Catalina St, FC 33/33 Suite, Apt. #, etc.	3. Mailing Office Address 29 (A Catalina Suite, Apt. #, etc.	ol Catalina St., Mianni e. Apt. #. etc.		REINSTAT CHIEFT 07				
City & State FL	City & State			Date Incorporated or Qualified				
Zip Country 33/33 USA		Country USA	6. CERTIFICATE OF STATUS DESIRED 583.75 Additional Fee requirements for a Certificate of Status					
	7. Name and Add	dress of Current Register	ed Agent	······································				
Name Vanese a Street Address (P.O. Box Number is N 296/ Cata Suite, Apt. #, Etc. City Mami	tiorne ot Acceptable) Ima Stre		01/0	State Zip Code FL 33/5		13/	', ²	
8. I, being appointed the registered agent of the about Signature of Registered Agent	-e~		bligations of section	n 607.0505 or 617.0503,	. ,	(V)		
RI	EGISTERED AGENT MUST S	ign				Ü		
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonprofit	corporations must list at le	ast 3 directors)					
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip				
P Richard Horwa	2961	2961 Catalina St		mami	Fc	<i>3</i> 3/33		
VP Vanessa Hom	sell 2961	Catalina	, St	Mami	FL	33/33		
					•			
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	solution has been eliminated, the names of individuals listed on	he corporate пате satisfies this form do not qualify for	the requirements an exemption unde	of section 607.0401 or 6	17.0401, F.S.,	that all fees		
SIGNATURE: SIGNATURE AND TYPED OR PR	RINTED NAME OF SIGNING OFFIC	CER OR DIRECTOR		12/19/C	Daytime Phone	38/7°		



November 10, 2003

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

Re: WINE ACCESSORIES USA - Document# P02000089101

Dear Representative:

It has been brought to our attention that the Florida Division of Corporations did not receive the 2002 Uniform Business Report for WINE ACCESSORIES USA INC (hereinafter "the Company") and has since dissolved the corporation.

In response to this action, please find attached the completed form Revocation of Dissolution of Profit Corporation with a check for \$158.75, the cost of the annual filing fee plus the cost of Certificate of Status.

We respectfully request if you could accept the enclosed check of \$158.75 to reinstate WINE ACCESSORIES USA INC. The Company did not receive any of the documentation to renew its filing fee with the State of Florida due to the fact that the company had changed office locations and did not receive any of its mail from its former location. Please note that the address of the former office location is the one listed on the original incorporation documents. Furthermore, the Company's registered agent did not notify WINE ACCESSORIES USA INC of its address changing responsibility with the Division of Corporations when it changed office locations last year.

Therefore, we ask if the Division of Corporations could reinstate WINE ACCESSORIES USA INC on the basis that the Taxpayer had in no way intended to avoid the annual filing fee. The Company files all quarterly reports on a timely basis and once the Company informed of the dissolution due to the nonpayment of the annual filing fee, the Company took immediate steps to submit the enclosed documentation.

If you have any questions, please call me at 305-446-7540.

Yours sincerely,

Vanessa Horwell

For and on behalf of WINE ACCESSORIES USA INC