

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 25 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300065567543
02/10/06--01022--008 **750.00

DOCUMENT #

P02000094654

1. Corporation Name

Wine & Spirits Associates, Inc.

2. Principal Office Address

19261 N.W. 14 St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip
33029

Country
U.S.A.

3. Mailing Office Address

19261 N.W. 14 St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip
33029

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2002

5. FFL Number

42-1548966

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eduardo Rodriguez

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

19261 N.W. 14 St.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

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

Date

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/D	Eduardo Rodriguez	19261 N.W. 14 St.	Pembroke Pines, FL

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 #

January 23, 2006

To Whom It May Concern:

I am writing to let you know that I never received any annual report notices.
Attach is a check in the amount of \$750.00 to get reinstated.

Thanks

A handwritten signature in cursive script, appearing to read "E. Rodriguez", written over the printed name.

Eduardo Rodriguez

President

Wine & Spirits Associates