2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000031828

1. Entity Name
ROBERTO COHEN WINES & CHAMPAGNE, INC.

FILED
06 MAY -2 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3301 N COUNTY CLUB DR AVENTURA, FL 33180	3301 N COUNTY CLUB DR #207 AVENTURA, FL 33180

REINSTATEMENT 05-06
04272006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
17971 BISCAYNE BLVD	17971 BISCAYNE BLVD
Suite, Apt. #, etc.: 104	Suite, Apt. #, etc.: 104
City & State: AVENTURA FL	City & State: AVENTURA FL
Zip: 33160 Country: US	Zip: 33160 Country: US

4. FEI Number: 68-0546425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALMAN, MARTIN H 17971 BISCAYNE BLVD #104 NORTH MIAMI BEACH, FL 33160	Name: GOLDBERG ALAN M Street Address (P.O. Box Number Is Not Acceptable): 17971 BISCAYNE BLVD #104 City: AVENTURA FL Zip Code: 33160

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alan M. Goldberg ALAN M GOLDBERG 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, ROBERTO 3301 N COUNTY CLUB DR #207 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17971 BISCAYNE BLVD #104 AVENTURA FL 33160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHEN, MOCHE S 3301 N COUNTY CLUB DR #207 AVENTURA, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 10185 COLLINS AVE #1210 BAL HARBOUR FL 33154
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400074537374 05/15/06--01003--022 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOCHE S COHEN 4/27/06 305 773-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CERT MAIL 7004 2510 0006 0974 5990