

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 19 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000117556

1. Corporation Name

Cellar Door, Inc.

2. Principal Office Address

451 Denny Court

Suite, Apt. #, etc.

3. Mailing Office Address

451 Denny Court

Suite, Apt. #, etc.

City & State

Boca Raton, F.L.

City & State

Boca Raton, F.L.

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/2004

5. FEI Number

20-0824416

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

Guy Roames

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

451 Denny Court

Suite, Apt. #, Etc.

300075547333

05/31/06--01015--007 **450.00

City

Boca Raton

State

FL

Zip Code

33486

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

REGISTERED AGENT MUST SIGN

Date

5/16/06

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
V.P.	Diana Ramsay	6503 N. Military Tr.	Boca Raton, F.L. 33496

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

5/16/06

Date

561-988-7250

Daytime Phone #

May 16, 2006

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

To Whom It May Concern:

My company was dissolved in 2004 but I never received an annual report notice. Since I did not receive the annual report notice I am sending the Annual Report Fee and the Corporate Supplemental Fee for 2004, 2005, and 2006, \$450. If you have any questions please feel free to contact me at 561-988-7252.

Thank you,
Guy Roames
Cellar Door, Inc.