PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

08 MAR 10 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000151820

1. Corporation Name
Sonoma Wine Group, Inc.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
6712 Lone Oak Blvd		6712 Lone Oak Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Naples, Florida		Naples, Florida	
Zip	Country	Zip	Country
34109	USA	34109	USA

REINSTATEMENT 3.10.08

4. Date Incorporated or Qualified To Do Business in Florida 12/9/2003

5. FEI Number 200490694 ☐ 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
Thomas E. Murphy

Street Address (P.O. Box Number is Not Acceptable)
1991 Morning Sun Lane

Suite, Apt. #, Etc.

City: Naples | State: FL | Zip Code: 34119

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 3/8/08
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
Dir CEO/CFO	Thomas E. Murphy	1991 Morning Sun Lane	Naples, FL 34119
			1/23/09 01002 006 $150.00
Dir Secretary	Mary M. Herreshof	1689 Morning Sun Lane	Naples, FL 34119
Dir	Patricia Tuttle	1232 Royal Palm Drive	Naples, FL 34103
Dir Chairman	David Russo	11 Woodcreek Road	Barrington Hills, IL 60010
			8/03/08 01029 002 $150.00

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: _____ Thomas E. Murphy 3/8/08 (239) 273-9963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #