

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 12 PM 1:46
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000092565
1. Corporation Name
A Wine Place, Inc.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
848 Brickell Ave
Suite, Apt. #, etc.
840-A
City & State
Miami, FL
Zip
33131
Country
USA

3. Mailing Office Address
PO Box 660063
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33266
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
6/15/2004

5. FEI Number
364557516

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

☐ **Applied For**
☐ **Not Applicable**

7. Name and Address of Current Registered Agent

Name
Barbara Vilarchao
Street Address (P.O. Box Number is Not Acceptable)
419 Plover Avenue
Suite, Apt. #, Etc.

City
Miami Springs
State
FL
Zip Code
33166

☒ 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
Barbara Vilarchao
REGISTERED AGENT MUST SIGN

Date
October 4, 2007

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	Barbara Vilarchao	848 Brickell Ave Suite 840-A	Miami, FL 33131
V/P/D	Alessio Costabile	848 Brickell Ave Suite 840-A	Miami, FL 33131

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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:
Barbara Vilarchao
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/2007
Date
305
803-7336
Daytime Phone #