

Division of Corporations

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**B8 000109214**

Florida Department of State  
Division of Corporations  
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

WINEHARVEST, INC

Certificate of Status	0
Certified Copy	1
Page Count	01 <sup>(3)</sup>
Estimated Charge	\$43.75

*[Handwritten signature]*

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*8-10-09*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Wineharvest, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P08000109214

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

NATALIE P. COLLINS  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

20711 STERLINGTON DRIVE  
(Address)

LAND O LAKES FL 34638 US  
(City/State and Zip Code)

For further information concerning this matter, please call:

NATALIE P. COLLINS, at ( 813 ) 909-9191  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314


**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Paul Morrison hereby resign as Treasurer, Director  
President, Secretary  
(Title)  
of Wineharvest, Inc.  
(Name of Corporation)  
P08000109214 a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\_\_\_\_\_  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314