

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15356

1. Corporation Name

SEBASTIANI VINEYARDS, INC.

Principal Place of Business

389 FOURTH STREET, EAST
SONOMA CA 95476

Mailing Address

P O BOX AA
SONOMA CA 95476
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1987

5. FEI Number

94-2189646

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
V	CUNEO, MARYANN, SEBASTIAN	700 DENMARK ST.	VINEBURG CA
PST	CUNEO, RICHARD A.	700 DENMARK STREET	VINEBURG CA
CD	SEBASTIANI, DON A.	175 FOURTH STREET EAST	SONOMA CA
D	SEBASTIANI, SYLVIA E.	247 FOURTH STREET EAST	SONOMA CA

700003026807--5
-10/27/99--01085--003
****758.75****758.75

8. Name and Address of Current Registered Agent

DOBRUTSKY, WAYNE
122 BECKET LANE
HEATHROW FL 32746

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
776 TIMACUAN BLVD.
Suite, Apt. #, Etc.

City
LAKE MARY
State
FL
Zip Code
32746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-13-99

11. 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 under section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A. CUNEO, PRESIDENT

10/18/99
Date

(707) 923-3200
Daytime Phone #