B 4 of 2

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P18765

1. Entity Name
FRANCISCAN VINEYARDS INC.

FILED
05 NOV -4 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1178 GALLERON ROAD P.O. BOX 407 RUTHERFORD, CA 94573	1178 GALLERON ROAD P.O. BOX 407 RUTHERFORD, CA 94573

10112005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	235 N. BLOOMFIELD RD. Suite, Apt. #, etc.
City & State	CANANDAIGUA NY City & State
Zip / Country	14424 / ONTARIO Zip / Country

4. FEI Number 94-2602962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DICK, MEL
SOUTHERN WINES & SPIRITS
1600 N.W. 163RD STREET
MIAMI, FL 33169

SEE ATTACHED FOR NEW AGENT INFORMATION AND ORIGINAL SIGNATURE

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2006, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HUNEEUS, AGUSTIN 1010 LOMBARD STREET SAN FRANCISCO, CA	☒ Delete	600060930058 10/28/05--01018--001 **913.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SKOWRONSKI, WILLIAM 1219 JEROME WAY NAPA, CA	☒ Delete	P MORAMARCO, JON 3791 ROCKY KNOLL WAY SANTA ROSA CA 95404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANDS, RICAHRD 14 ELMWOOD HILL LANE ROCHESTER, NY 14610	☐ Delete	Chief Financial Officer DELONG, PAT 1222 ARROYO SARCO NAPA CA 94558	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SANDS, ROBERT 400 EAST AVENUE ROCHESTER, NY 14618	☐ Delete	ASST. SECRETARY BENZIGER, CHRISTOPHER H. 235 ELM DR. ROCHESTER NY 14609	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT SUMMER, THOMAS S 1196 CLOVER STREET ROCHESTER, NY 14610	☐ Delete	REINSTATEMENT 05-	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOWE, THOMAS F 120 SANDRINGHAM ROAD ROCHESTER, NY 14610	☐ Delete	T. Roberts NOV 07 2005	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CHRISTOPHER H. BENZIGER ASSISTANT SECRETARY 10/13/05 585-396-7570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

For New Registered Agent Information Only + Signature

PS 21962

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	235 N. BLOOMFIELD RD.
Suite/Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: CANANDAIGUA NY
Zip / County	Zip: 14424 / Country: ONTARIO

10112005 REIN-P CR2E098 (6/04)

4. FEI Number: 94-2602962 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DICK, MEL SOUTHERN WINES & SPIRITS 1600 N.W. 163RD STREET MIAMI, FL 33169	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE: James Newsome JAMES M. NEWSOME Special Assistant Secretary DATE: 10/14/05

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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SIGNATURE: CHRISTOPHER H. BENZIGER ASSISTANT SECRETARY 10/13/05 585-396-7570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #