

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -6 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P20193**

1. Corporation Name

BOUCHAINE VINEYARDS, INC.

Principal Place of Business

Mailing Address

1075 BUCHLI STATION RD.
NAPA CA 94559-9716

1075 BUCHLI STATION RD.
NAPA CA 94559-9716

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

94515

USA

REINSTATEMENT 03



800026133988

01/06/04--01039--015 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/1988

5. FEI Number

68-0146265

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	COPELAND, TATIANA	175 BRECKS LN	WILMINGTON DE
CS	COPELAND, GERRET	175 BRECKS LN	WILMINGTON DE

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OPICI COMPANY
1313 SOUTH KILLIAN DRIVE
LAKE PARK FL 33403

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

Tatiana B Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/03

Date

Daytime Phone #

CR2E040 (7/03)



December 16, 2003

Florida Secretary of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Bouchaine Vineyards, Inc. / Document #P20193

Dear Sir or Madam:

We received a notice of Administrative Dissolution or Revocation, stating that we failed to file our 2003 corporation annual report/uniform business report form as required by law. We now owe \$750.00, \$600 for the reinstatement fee, \$61.25 for the annual report fee, and \$88.75 for the corporate supplemental fee.

Per instructions on the form, we are filing the UBR with the \$150.00 filing fee, along with a letter stating that we did not receive any notice. Had we received any notices, we most certainly would have filed on time. We will be certain to watch for the renewal notice in early 2004 so we can file on time next year.

If you should have any questions regarding this application, please contact Andrea Anderson, our Compliance Consultant directly at (800) 788-0212.

Sincerely,

Tatiana B. Copeland
President

Enclosure

INERY

75 BUCHLI
TATION ROAD
PA, CA 94559

707 252 9065
800 654 WINE
707 252 0401

WWW.BOUCHAINE.COM

CORPORAII

175 BRECKS LA
WILMINGTON, IL
191

TEL 302 655 2811
FAX 302 655 7
INFO@BOUCHAINE.