

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVAL  
AND  
FILED

03 NOV 13 PM 6:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P20393

1. Corporation Name

RAYMOND VINEYARD & CELLAR, INCORPORATED

Principal Place of Business

Mailing Address

849 ZINFANDEL LANE  
ST. HELENA CA 94574

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ST. HELENA CA 94574

REINSTATEMENT 2003

700021097767  
11/14/03--01009--001 \*\*750.00

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

94-2684406

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	RAYMOND, ROY JR.	555 WHEELER WAY	ST. HELENA CA
SD	RAYMOND, WALTER	1522 CHABLIS CIRCLE	ST. HELENA CA
D	MASUDA, TAKESKI	2435 ALLEGHERY DR	NAPA CA 94558
D	SATO, YASUHIRO	2-12-4 MINAMI-NARUSE, MACHIDA-SH	TOKYO, JAPAN

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DICK, MEL  
SOUTHERN WINE SPIRITS  
1600 NW 163RD  
MIAMI FL 33169

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

REGISTERED AGENT MUST SIGN

Date

10/24/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-03

CR2E040 (7/03)