

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P20424

FILED
Oct 14, 2009
Secretary of State

Entity Name: ARBOR CREST WINERIES AND NURSERY, INC.

Current Principal Place of Business:

N. 4705 FRUITHILL RD.
SPOKANE, WA 99217 US

New Principal Place of Business:

Current Mailing Address:

N. 4705 FRUITHILL RD.
SPOKANE, WA 99217 US

New Mailing Address:

FEI Number: 91-0920529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRIS, PALGANO
C. CHRISTOPHER & ASSOC. INC
20423 STATE ROAD 7, #273
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CHRIS PALGANO

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: MIELKE, C.H.HAROLD
Address: 25415 E. MISSION
City-St-Zip: LIBERTY LAKE, WA 99019

Title: TS () Delete
Name: MIELKE, JOHN
Address: 7009 PEMBROKE WAY
City-St-Zip: ROCKLIN, CA 95677

Title: P () Delete
Name: MIELKE, MARCIA R
Address: 24515 E. MISSION
City-St-Zip: LIBERTY LAKE, WA 99019

Title: VP () Delete
Name: MIELKE VANLOBENSELS, KRISTINA
Address: 24515 E. MISSION
City-St-Zip: LIBERTY LAKE, WA 99019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN O REESE CONTROLLER

MR

10/14/2009

Electronic Signature of Signing Officer or Director

Date