

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P21980

1. Entity Name  
PWG VINTNERS USA, INC.



**FILED**  
04 NOV -8 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2700 NAPA VALLEY CORPORATE DRIVE  
NAPA, CA 94558 US

Mailing Address  
2700 NAPA VALLEY CORPORATE DRIVE  
NAPA, CA 94558 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10292004 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number  
94-3118495

Applied For  
Not Applicable

Zip Country

Zip Country

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2005, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
P/C  
GAY, JOHN W P/C ☐ Delete  
STREET ADDRESS  
2700 NAPA VALLEY CORPORATE DRIVE  
CITY-ST-ZIP  
NAPA, CA 94558

TITLE  
NAME  
300042554743 ☐ Change ☐ Addition  
STREET ADDRESS  
11/08/04--01022--003 \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME  
CFO  
HAMILTON, JOHN S CFO ☒ Delete  
STREET ADDRESS  
2700 NAPA VALLEY CORPORATE DRIVE  
CITY-ST-ZIP  
NAPA, CA 94558

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D/S  
ANDRESKI, JOSEPH W D/S ☐ Delete  
STREET ADDRESS  
2700 NAPA VALLEY CORPORATE DRIVE  
CITY-ST-ZIP  
NAPA, CA 94558

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
CLEAVES, PETER J D ☒ Delete  
STREET ADDRESS  
403 PACIFIC HIGHWAY  
CITY-ST-ZIP  
ARTARMON, NSW, AUSTRALIA, AU 1570

TITLE  
NAME  
REINSTATEMENT ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-29-04

707-256-2645