

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P22533**

1. Corporation Name

**PALMER VINEYARD, INC.**

Principal Place of Business

108 SOUND AVENUE  
RIVERHEAD NY 11901

Mailing Address

PO BOX  
AQUEBOQUE NY 11931

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

PO Box 2125  
Aqueboque NY  
11931 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/1989

5. FEI Number

13-3297420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	PALMER, ROBERT J.	178 LAKE RD.	HUNTINGTON NY

8. Name and Address of Current Registered Agent

**PREMIER BEVERAGE COMPANY**  
~~PETER HACKER, VP~~  
~~3700 COMMERCE PARKWAY~~  
~~MIRAMAR FL 33025~~

9. Name and Address of New Registered Agent

Name *Executive*  
**Premier Beverage Co., Joseph Marotta, VP**  
Street Address (P.O. Box Number is Not Acceptable)  
**9801 Premier Parkway**  
Suite, Apt. #, Etc.  
City **Miramar** State **FL** Zip Code **33025**

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

11/7/03

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]* Robert Palmer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/03 631-722-9443

CR20040 (7/03)



P.O. Box 2125 · Aquebogue, North Fork · Long Island, NY 11931  
Tel. (631) 722-WINE · Fax (631) 722-5364  
[www.palmervineyards.com](http://www.palmervineyards.com)

October 14, 2003

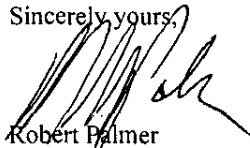
Florida Dept. of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Dear Sirs:

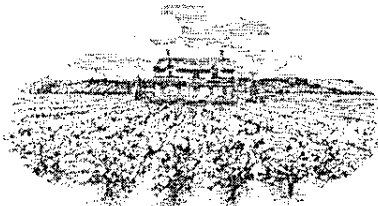
Please wave the reinstatement fee for Palmer Vineyards. We did not receive any prior notices due to the fact our mailing address was not correct on any of the mailings. Please accept the reinstatement application and the fee of \$150.00. <sup>2003</sup>

Thank you for your prompt attention to this matter.

Sincerely yours,



Robert Palmer  
President



New York Office

156 W. 56th Street, NY, NY 10019 · Tel. (212) 541-6770 · Fax (212) 541-6769