


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 01 NOV -1 PM 2:32

DOCUMENT # **P32269**

1. Corporation Name

**THE AMERICAN INSTITUTE OF WINE & FOOD, INCORPORATED**

Principal Place of Business

304 W LIBERTY ST  
 201  
 LOUISVILLE KY 40202

Mailing Address

**8362 Pines Blvd**  
~~304 W LIBERTY ST~~  
~~201~~  
~~LOUISVILLE KY 40202~~  
**#247**  
**Pembroke Pines FL 33024**



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

**8362 Pine Blvd.**

Suite, Apt. #, etc.

**247**

City & State

**Pembroke Pines FL**

Zip

**33024**

Country

**US**

4. Date Incorporated or Qualified To Do Business in Florida

**11/14/1990**

5. FEI Number

**94-2780315**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
TD	LINN, GEORGE	<del>53-AQUA VISTA WAY</del> 304 W LIBERTY ST SUITE 201	<del>LOUISVILLE KY 40202</del> SAN FRANCISCO CA 94131 <del>San Francisco</del>
SD	BERK, MICHAEL	1550 BRYANT ST #700 304 W. Liberty St. Suite 201	SAN FRANCISCO CA 94103 Louisville KY 40202
CD	<del>DEBORAH ORRILL</del> Mary Abbott Hess	1550 BRYANT ST #700 304 W. Liberty St. Suite 201	SAN FRANCISCO CA 94103 Louisville KY 40202
			400004695014--9 -11/27/01 01046--022 ***236.25 ***236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PHYLLIS FESTINGER  
 8362 PINE BLVD #247  
 PEMBROOK PINES FL 33024

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
**FL**

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.

Signature of Registered Agent *Phyllis Festinger*  
**SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date **10/22/01**

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

Date **10/15/01** Daytime Phone # **502 992 1012**

CR2E040 (8/01)