

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 MAY 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000051613

1. Corporation Name

USA Wines, Inc.

2. Principal Office Address

11900 Biscayne Blvd.

Suite, Apt. #, etc.

502

City & State

Miami, Florida

Zip

33181

Country

USA

3. Mailing Office Address

11900 Biscayne Blvd.

Suite, Apt. #, etc.

502

City & State

Miami, Florida

Zip

33181

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/13/99

5. FEI Number

65-1057271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Randall Rubin

Street Address (P.O. Box Number is Not Acceptable)

11900 Biscayne Boulevard

Suite, Apt. #, Etc.

502

City

Miami

State
FL

Zip Code

33181

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Randall Rubin

REGISTERED AGENT MUST SIGN

Date 05/22/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Randall Rubin	11900 Biscayne Boulevard, #502, Miami, Fla.	33181

900.00 - Adm

61.25 - AR

88.75 - ARSUPP

10. 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:

Randall Rubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Randall L. Rubin

05/22/02 303-892-0111
Date Daytime Phone #