

TTB ID : 09244-002-000026

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU
APPLICATION FOR AND CERTIFICATION/EXEMPTION OF
LABEL/BOTTLE APPROVAL
(See Instructions and Paperwork Reduction Act Notice Below)

1 REP ID NO. (If any) CT 24 OR 16

2 PLANT REGISTRY/BASIC PERMIT/BREWER'S NO (Required) BW-FL-44

3 SOURCE OF PRODUCT (Required)
 Domestic Imported

4 SERIAL NUMBER (Required)
YEAR: 09 | 0001

5 TYPE OF PRODUCT (Required)
 WINE
 DISTILLED SPIRITS
 MALT BEVERAGES

6 BRAND NAME (Required) FLORIDA ORANGE GROVES, INC.

7 FANCIFUL NAME (If any)

PART I - APPLICATION

8 NAME AND ADDRESS OF APPLICANT AS SHOWN ON PLANT REGISTRY, BASIC PERMIT, OR BREWER'S NOTICE. INCLUDE APPROVED DBA OR TRADENAME IF USED ON THE LABEL (Required)
FLORIDA ORANGE GROVES, INC.
1506 PASADENA AVE. SOUTH
ST. PETERSBURG, FL. 33707

8a MAILING ADDRESS, IF DIFFERENT
SAME

9 EMAIL ADDRESS VSHOOK@AOL.COM

10 FORMULA/SOP NO (If any)

11 LAB. NO. & DATE/PRE-IMPORT NO. & DATE (If any)

12 NET CONTENTS 750 ml

13 ALCOHOL CONTENT 10%

14 WINE APPELLATION (If on label)

15 WINE VINTAGE DATE (If on label)

16 PHONE NUMBER 727-347-4025

17 FAX NUMBER 727-347-1404

18 TYPE OF APPLICATION (Check applicable box(es))

a CERTIFICATE OF LABEL APPROVAL

b CERTIFICATE OF EXEMPTION FROM LABEL APPROVAL
"For sale in _____ only" (Fill in State abbreviation)

c DISTINCTIVE LIQUOR BOTTLE APPROVAL TOTAL BOTTLE CAPACITY BEFORE CLOSURE
(Fill in amount)

d RESUBMISSION AFTER REJECTION
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19 SHOW ANY WORDING (a) APPEARING ON MATERIALS FIRMLY AFFIXED TO THE CONTAINER (e.g., caps, celloseals, corks, etc.) OTHER THAN THE LABELS AFFIXED BELOW OR (b) BLOWN, BRANDED OR EMBOSSED ON THE CONTAINER (e.g., net contents, etc.) THIS WORDING MUST BE NOTED HERE EVEN IF IT DUPLICATES PORTIONS OF THE LABELS AFFIXED BELOW ALSO, PROVIDE TRANSLATIONS OF FOREIGN LANGUAGE TEXT APPEARING ON LABELS

750 ml BRANDED IN BOTTLE

PART II - APPLICANT'S CERTIFICATION

Under the penalties of perjury, I declare that all statements appearing on this application are true and correct to the best of my knowledge and belief and that the representations on the labels attached to this form, including supplemental documents, truly and correctly represent the content of the containers to which these labels will be applied. I also certify that I have read, understood and complied with the conditions and instructions which are attached to an original TTB F 5100 31, Certificate/Exemption of Label/Bottle Approval.

20 DATE OF APPLICATION 8-23-09

21 SIGNATURE OF APPLICANT OR AUTHORIZED AGENT Vincent R. Shook

22 PRINT NAME OF APPLICANT OR AUTHORIZED AGENT VINCENT R. SHOOK

PART III - TTB CERTIFICATE

This certificate is issued subject to applicable laws, regulations and conditions as set forth in the instructions portion of this form

23 DATE ISSUED SEP 14 2009

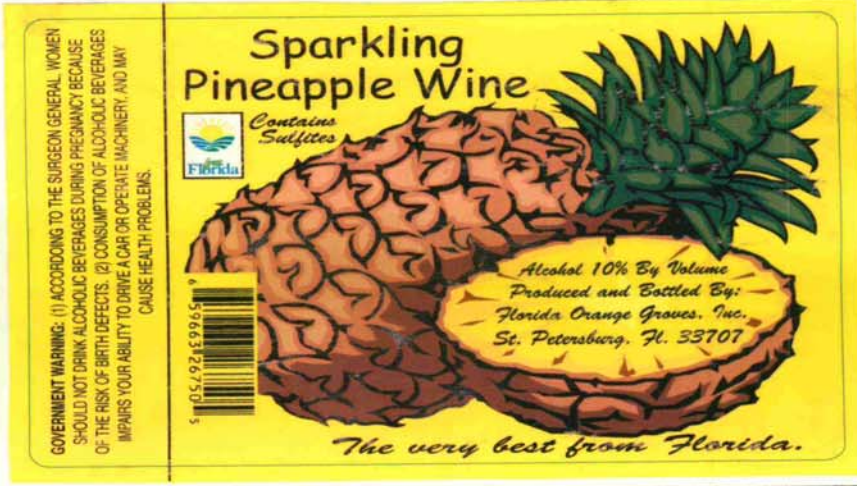
24 AUTHORIZED SIGNATURE, ALCOHOL AND TOBACCO TAX AND TRADE BUREAU Debra M. Foster

FOR TTB USE ONLY

QUALIFICATIONS

EXPIRATION DATE (If any)

AFFIX COMPLETE SET OF LABELS BELOW (See General Instructions 4, 6 and 7)



Handwritten initials/signature