

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC -9 AM 10: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 165087

1 Corporation Name

WINTER HOUSE CORPORATION

Principal Place of Business

Mailing Address

615-617 BAYSHORE DRIVE  
FT. LAUDERDALE FL 33304-3915

615-617 BAYSHORE DRIVE  
FT. LAUDERDALE FL 33304-3915



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/04/1951	
City & State		City & State		5. FEI Number	
Zip		Zip		52-0941776	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	DODSON, CHARLES W.	BLACK HOLLOW RD. BOX 197	BLAIN PA
VP	<del>DODSON JR, WILLIAM W.</del> DODSON JR, WILLIAM W.	813 RIVERVIEW RD	LEMONYNE PA
ST	STIENES, MARY B	39 WORTHINGTON AVE	SPRING LAKE NJ
D	FERRANTE, CARMINE	615 BAYSHORE DR	FT LAUDERDALE FL
D	MARTIN, VERA S.	A-2301 VALLEY RD	HARRISBURG PA
D	FRANZESE	615 BAYSHORE DR	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MOYNIHAN, JOHN L III 1500 BAYSHORE DR. HAMILTON HOUSE FT LAUDERDALE FL 33304		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: *John L. Moynihan III* REGISTERED AGENT MUST SIGN Date: 12/5/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12 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: *William W. Dodson Jr.* Date: 12/5/96 (941)642-0563  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM W. DODSON JR., VP Daytime Phone #