

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

99 AUG 26 AM 10:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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REINSTATEMENT 97-99

DOCUMENT # 117205
 1. Corporation Name
WINCAST ARMS NORTH CONDO ASSOC. INC.

Principal Place of Business Mailing Address
4311 CRYSTAL LK DR
POMPANO BCH, FL 33064

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
	<u>1509 N. STATE RD 7</u>	<u>1971</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number
	<u>SUITE 6</u>	<u>59-1459515</u>
City & State	City & State	Applied For
	<u>MARGATE, FL</u>	Not Applicable
Zip	Zip	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
	<u>33063</u>	
Country	Country	
	<u>USA</u>	

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	<u>STEVE SHALLEY D</u>	<u>4311 CRYSTAL LK DR</u> <u>POMP BCH</u>	<u>POMP. BCH 33064</u>
VP	<u>PETER ABITANGE D</u>	<u>4311 CRYSTAL LK DR</u>	<u>POMP BCH 33064</u>
S	<u>JUANN STACY D</u>	<u>4311 CRYSTAL LK DR</u>	<u>POMP. BCH 33064</u>
T	<u>ARM GUISMAN D</u>	<u>4311 CRYSTAL LK DR</u>	<u>POMP. BCH 33064</u>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<u>LINDA RIDDEN</u> <u>40 REEF INVESTMENTS</u> <u>1509 N. STATE RD 7 "G"</u> <u>MARGATE, FL 33063</u>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <u>FL</u> Zip Code

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: [Signature] REGISTERED AGENT MUST SIGN Date: 8/26/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side of information on intangible property 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: Peter Abitange SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 8/26/99 Daytime Phone #: 954 971-8033

CR2E061 (12/96)