

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**09 AUG -3 AM 7:26**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004709

1. Corporation Name

Windsor Pointe III Condominium Association, Inc.

600159191566  
08/03/09--01055--013 \*\*367.50  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 13715 Richmond Park Dr., N		3. Mailing Office Address 13715 Richmond Park Dr., N	
Suite, Apt. #, etc. Unit 307		Suite, Apt. #, etc. Unit 307	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32224	Country U.S.A.	Zip 32224	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 08/09/1999	
5. FEI Number 33-1024978	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
Andrew Della-Loggia

Street Address (P.O. Box Number is Not Acceptable)  
13715 Richmond Park Dr., N

Suite, Apt. #, Etc.  
Unit 303

City, State, Zip Code  
Jacksonville, FL 32224

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 7/31/2009

REGISTERED AGENT MUST SIGN

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
P/T/D	Michael A. Gaeta	13715 Richmond Park Dr., N Unit 307	Jacksonville, FL 32224
V/S/D	Linda M. Gaeta	13715 Richmond Park Dr., N Unit 307	Jacksonville, FL 32224
D	Cindy Stillman	13715 Richmond Park Dr., N Unit 306	Jacksonville, FL 32224
<b>REINSTATEMENT</b>			

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 contained in Chapter 119, 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: Michael A. Gaeta Date 07/31/2009 (402) 331-6018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

