

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000044567		
1. Entity Name WINDSOR ENTERPRISES USA, INC.		

FILED
05 MAR 21 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 04-05

Principal Place of Business 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 US	Mailing Address 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 US
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2. Principal Place of Business 851 W STATE ROAD 436 Suite, Apt. #, etc. STE 1059 City & State ALTAMONTE SPRINGS FL Zip 32714-3043 Country US	3. Mailing Address 851 W STATE ROAD 436 Suite, Apt. #, etc. STE 1059 City & State ALTAMONTE SPRINGS FL Zip 32714-3043 Country US
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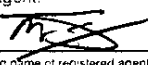
03172005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0056570	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763	
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7. Name and Address of New Registered Agent Name MARK SULLIVAN Street Address (P.O. Box Number is Not Acceptable) 851 W STATE ROAD 436 STE 1059 City ALTAMONTE SPRINGS FL Zip Code 32714-3043	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

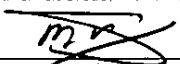
SIGNATURE  DATE 03/17/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, MARK 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, MARK 851 W STATE ROAD 436 STE 1059 ALTAMONTE SPRINGS FL 32714-3043 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SULLIVAN, HILARY J 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SULLIVAN, HILARY J 851 W STATE ROAD 436 STE 1059 ALTAMONTE SPRINGS FL 32714-3043 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700049888157 04/05/05--01018--002 **308.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  MARK SULLIVAN DATE 03/17/05 DAYTIME PHONE 407 865 6243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR