

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

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		1401 E. Broward Blvd. Suite 206 Ft. Lauderdale, FL 33301	

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		05/04/1951
5. FEI Number	52-0941776	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	DODSON JR, WILLIAM W. 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 BAYSHINE 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.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM W. DODSON JR. VP

Date 12/5/96

(941)642-0563
Daytime Phone #