

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:36

DOCUMENT # 721524

1. Corporation Name

Windward South Association, Inc.

2. Principal Office Address

3845 South Atlantic Avenue

3. Mailing Office Address

3845 South Atlantic Avenue

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

Daytona Beach Shores, Florida

City & State

Daytona Beach Shores, Florida

Zip
32118

Country
U.S.A.

Zip
32118

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/16/1971

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marjorie Shaker

Street Address (P.O. Box Number is Not Acceptable)

3845 South Atlantic Avenue

Suite, Apt. #, Etc.

#7

City

Daytona Beach Shores

State
FL

Zip Code

32118

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

Marjorie Shaker

REGISTERED AGENT MUST SIGN

Date

3/11/06

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	Marjorie Shaker	3845 South Atlantic Avenue #7	Daytona Beach Shores, Florida 32118
V	Chester Rasala	3845 South Atlantic Avenue #2	Daytona Beach Shores, Florida 32118
T	Joelyn Carlasare	3845 South Atlantic Avenue #4	Daytona Beach Shores, Florida 32118
D	Patricia Ollinger	3845 South Atlantic Avenue #11	Daytona Beach Shores, Florida 32118
D	Frankie A. Rasala	3845 South Atlantic Avenue #2	Daytona Beach Shores, Florida 32118
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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:

Patricia Ollinger (PATRICIA OLLINGER 3/10/06 386-516-0689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #