

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2014 MAR 24 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000000505

1. Corporation Name

Winterwood Inc.

2. Principal Office Address - No P.O. Box #

3245 Loch Ness Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 23860

Suite, Apt. #, etc.

City & State

Lexington, KY

Zip

Country

40517

City & State

Lexington, KY

Zip

Country

40523

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

61-0962620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Worsham, Carol

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

38520 86th Street North

Suite, Apt. #, Etc.

#2

City

Pahokee

State

FL

Zip Code

33476

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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

REGISTERED AGENT MUST SIGN

Date 3/19/14

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	Wosham, Carol	3245 Loch Ness Drive	Lexington, KY 40517
V	Williams, Gayle	3245 Loch Ness Drive	Lexington, KY 40517
			S. HAWKES
			MAR 25 A.M.
			EXAMINER

REINSTATEMENT
2013-2014

10. E-mail Address: Dbonnell@winterwoodonline.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-14

Date

Daytime Phone #

859.276-5388