PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F83664

1. Corporation Name: WINTER INC.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
313 12TH ST. WEST	313 12TH ST WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FL	City & State: BRADENTON, FL
Zip: 34205 Country: USA	Zip: 34205 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6/02/1982

5. FEI Number: 592196234 ☐ 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: GARY DEAN WAIN

Street Address (P.O. Box Number is Not Acceptable): 5441 SAN JUAN DRIVE

000242030420
10/28/03--01054--011 **30[illegible].00

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34235

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: Gary D. Wain
REGISTERED AGENT MUST SIGN

Date: 23 OCT 03

CR2E081 (10/02)

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
PRES	JUDITH SUSIE	5441 SAN JUAN DR.	SARASOTA, FL 34235
CFO	GARY D. WAIN	5441 SAN JUAN DR	SARASOTA, FL 34235
D	GARY D. WAIN	5441 SAN JUAN DR	SARASOTA, FL 34235

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 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: Gary D. Wain 23 OCT 03 941.355.6579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 11/3