

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F92000000709

1. Entity Name
FAIRWIND CORP. OF NORTH CAROLINA



FILED

05 MAR 28 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 REIN-P CR2E098 (6/04)

Principal Place of Business
6154 GOSHEN ROAD
NEWTOWN SQUARE, PA 19073

Mailing Address
912 N PROVIDENCE RD
NEWTOWN SQUARE, PA 19073

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
23-2623291

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAY, LAMAR
633 TIMBERLANE ROAD
TALLAHASSEE, FL 32312

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTCD
GANSKY, PAUL
912 N PROVIDENCE RD
NEWTOWN SQUARE, PA 19073 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GANSKY, ESTHER B
912 N PROVIDENCE RD
NEWTOWN SQUARE, PA 19073 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition
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04/05/05--01082--012 **308.75

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☐ 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:

PAUL GANSKY

Paul Gansky

7/15/05

8158706114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

F92000000709 R
FAIRWIND CORP. OF NORTH CAROLINA
912 N PROVIDENCE RD
NEWTOWN SQUARE PA 19073

We did not receive original making
talked to someone in dept. They said
to send in ^{\$}300,00