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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 01-05

DOCUMENT # F99000006588

1. Corporation Name
WIND ROSE HOTELS, INC.

2. Principal Office Address		3. Mailing Office Address	
4633 PARADISE ISLES		4633 PARADISE ISLES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: DESTIN, FL		City & State: DESTIN, FL	
Zip: 32541	Country: USA	Zip: 32541	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/21/1999

5. FEI Number: 593615848 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — Additional Fee(s) Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: W. DAVID MOORE

Street Address (P.O. Box Number is Not Acceptable): ~~4633 PARADISE ISLES~~ 1068 LAKE BALDWIN LANE

Suite, Apt. #, Etc.

City: ~~DESTIN~~ ORLANDO — State: FL — Zip Code: ~~32541~~ 32814

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: _____ Date: _____
REGISTERED AGENT MUST SIGN

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/D/V/S	W. DAVID MOORE	~~4633 PARADISE ISLES~~	~~DESTIN, FL 32541~~
T	W. DAVID MOORE	~~4633 PARADISE ISLES~~	~~DESTIN, FL 32541~~
		1068 LAKE BALDWIN LANE	ORLANDO, FL. 32814

10. I certify that I am an officer or director or a 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 number of employees 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: _____ 2/9/05 407/475-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)764-4996

CORPORATION REINSTATEMENT

WIND ROSE HOTELS, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$1,350.00

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