PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 26 AM 11:26

DOCUMENT # J86878

1. Corporation Name
WINDMILL LAKES INC

2. Principal Office Address	3. Mailing Office Address
450 S.W. 88 TERR.	450 S.W. 88 TERR.
Suite, Apt. #, etc.: OFFICE	Suite, Apt. #, etc.: OFFICE
City & State: PEMBROKE PINES FL.	City & State: PEMBROKE PINES
Zip: 33025 Country: U.S.A	Zip: 33025 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 8/5/87 (eff. 7/29/87)

5. FEI Number: 592-833-451 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ROBERT KRAMER

Street Address (P.O. Box Number is Not Acceptable): 450 S.W. 88 TERR.

Suite, Apt. #, Etc.: OFFICE

City: PEMBROKE PINES State: FL Zip Code: 33025

500004618385--5
-10/01/01--01052--008
****600.00 ****600.00

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: ROBERT KRAMER R. Kramer
REGISTERED AGENT MUST SIGN

Date: 9/23/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	ROBERT KRAMER	450 SW. 88 TERR.	PEMBROKE PINES FL 33025
V.P.	ARNOLD BERGER	450 SW. 88 TERR	PEMBROKE PINES FL 33025
			SP

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: R. Kramer 9/23/01 954/437-4663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #