PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 13 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K17269

1. Corporation Name
WINDJAMMER PROPERTIES, INC.

Principal Place of Business
10900 S. A1A
Jensen Beach, FL 34957

Mailing Address
P. O. Box 678

REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
1600 N.E. Dixie Hwy
Suite, Apt. #, etc.
Bldg. 2-105
City & State
Jensen Beach, FL
Zip 34957
Country USA

4. Date Incorporated or Qualified To Do Business in Florida 03/08/1988

5. FEI Number 65-0059496
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | PFORDRESHER, RICHARD A. | 1600 N.E. DIXIE HWY. Bldg. 2-105 | JENSEN BEACH, FL 34957 |
| STD | CHASON, MIKE R. | 8164 S.E. Craft Circle Apt 3-B | Hobe Sound, FL 33455 |
| | | | |
| | | | |
| | | | |
| | | | |

300002348103--6
-11/14/97--01112--001
****758.75 ****758.75

8. Name and Address of Current Registered Agent
PFORDRESHER, RICHARD A.
10900 S. A1A
Jensen Beach, FL 34957

9. Name and Address of New Registered Agent
Name PFORDRESHER, RICHARD A.
Street Address (P.O. Box Number is Not Acceptable) 1600 N.E. Dixie Hwy
Suite, Apt. #, Etc. Bldg. 2-105
City Jensen Beach
State FL
Zip Code 34957

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN
Date 11/11/1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒
(See other side for information on intangible tax.)

12. 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 Richard A. Pfordresher President 11/11/1997 (561)334-7659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/95)