

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 SEP -9 A 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0100016420

1. Limited Liability Company's Name  
Windscape LLC

2. Principal Office Address

2404 Sunset Way

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

3. Mailing Office Address

P. O. Box 25400

Suite, Apt. #, etc.

City & State

Fresno, CA

Zip

93729-5400

Country

USA

4. State/Country of Formation

Washington

5. Date Organized or Qualified  
To Do Business in Florida

9/21/01

6. FEI Number

77-0234926

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Eugene J. Andrade

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

2404 Sunset Way

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-30-04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGRM</u>	<u>Eugene J. Andrade</u>	<u>181 Suquamish Way</u>	<u>LaConner, WA 98257</u>
			<u>300039959303</u>
			<u>08/09/04--01003--001 **200.00</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

7-30-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Eugene J. Andrade

CR2E041 (10/02)