

L02000008966

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -9 AM 11:16

10/22

DOCUMENT # L02000008966

1. Limited Liability Company's Name

WINWARD Properties L.L.C.  
**REINSTATEMENT 2003**

700023667097  
10/09/03--01050--016 \*\*150.00

2. Principal Office Address

9548 SAVANA WINOS DR.  
Suite, Apt. #, etc.

3. Mailing Office Address

9548 SAVANA WINOS DR.  
Suite, Apt. #, etc.

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

4/11/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Delray Beach, FL

Zip

33446

Country

USA

City & State

Delray Beach, FL

Zip

33446

Country

USA

8. Name and Address of Current Registered Agent

Name

Alan S. Christner, Jr. PA.

698817

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

350-2 GOLF BLVD.

Suite, Apt. #, Etc.

City

Indian Rocks Beach

State

FL

Zip Code

33785

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/1/03

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
MGR	Alan J. Giner	9548 SAVANA WINOS DR.	Delray Beach, FL 33446
MGR	Kathy Fletcher	9548 SAVANA WINOS DR.	Delray Beach, FL 33446

**REINSTATEMENT 2003**

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

*[Signature]*

Date 10/6/03

Daytime Phone #

561-499-7351

Typed or printed name of signing Managing Member/Manager

Alan Joseph Giner

CR2E041 (10/02)