

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

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**L02000010573**

DOCUMENT # L02000010573

1. Limited Liability Company's Name

WINDSONG LLC  
**REINSTATEMENT 2003**

2. Principal Office Address

9800 E. BAY HARBOR DR

Suite, Apt. #, etc.

11

City & State

BAY HARBOR ISLANDS

Zip

33154

Country

U.S.

3. Mailing Office Address

9800 E. BAY HARBOR DR

Suite, Apt. #, etc.

11

City & State

BAY HARBOR ISLANDS

Zip

33154

Country

US

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified

To Do Business in Florida

05/02/02

6. FEI Number

74-3041982

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

D.H. MAC GARVEY II

700024818627

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

9800 E. BAY HARBOR DR

11/18/03--01094--001 \*\*150.00

Suite, Apt. #, Etc.

STR 11

City

BAY HARBOR ISLANDS

State

FL

Zip Code

33154

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 11/17/03

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
MANAGING MEMBER	CLARICE MAC GARVEY	9800 E. BAY HARBOR DR - STR 11	BAY HARBOR ISLANDS FL 33154
MEMBER	LISA MAC GARVEY	2383 AKERS MILL RD - K-15	ATLANTA GA. 30339

**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

11-17-03

Daytime Phone #

305-861-3157

Typed or printed name of signing Managing Member/Manager

Clarice Mac Garvey

CR2E041 (10/02)