2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 19 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000041017

1. Entity Name
WILLIAM WINTER & ASSOCIATES, LLC

Principal Place of Business	Mailing Address
~~560 EL CAMINO REAL UNIT 1504~~ ~~NAPLES, FL 34119~~	~~560 EL CAMINO REAL UNIT 1504~~ ~~NAPLES, FL 34119~~
2. Principal Place of Business - No P.O. Box # 4355D Marin Woods Suite, Apt. #, etc.	3. Mailing Address 4355D Marin Woods Suite, Apt. #, etc.
City & State Port Clinton, Ohio Zip 43452 Country USA	City & State Port Clinton, Ohio Zip 43452 Country USA

03072007 REIN-LLC CR2E101 (1/07)

4. FEI Number
59-3773190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ICARD, MERRILL, CULLIS, TIMM, ET AL 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237	Name Street Address (P.O Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ 3/13/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRP WINTER, WILLIAM L PH.D ~~560 EL CAMINO REAL #1504~~ ~~NAPLES, FL 34119~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	~~AGENT~~ MGRM Rosanne L. Winter Ph.D. 4355D Marin Woods Port Clinton Ohio 43452	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~4355 D MARIN WOODS~~ ~~PORT CLINTON, OHIO 43452~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRP Winter, William L. PH.D 4355-D Marin Woods Port Clinton, OH 43452	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	700094486947 03/22/07--01012--005 **205.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	REINSTATEMENT 06-07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3-5-07 702-339-7813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #