

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 NOV -3 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000061830

1. Corporation Name

WINDSOR LAKE DEVELOPMENT, LLC

2. Principal Office Address - No P.O. Box #

80 BUSINESS PARK DR.

3. Mailing Office Address

80 BUSINESS PARK DR.

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

ARMONK, NY

City & State

ARMONK, NY

Zip

10504

Country

USA

Zip

10504

Country

USA

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/12/2007

5. FEI Number  
NONE

☐ Applied For  
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name

JOSEPH M. MADDEN, JR.

Street Address (P.O. Box Number is Not Acceptable)  
2277 MAIN STREET

Suite, Apt. #, Etc.

City  
FT. MYERS

State  
FL

Zip Code  
33901

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/1/09

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	MARTIN G. BERGER	80 BUSINESS PARK DR, SUITE 104	ARMONK, NY 10504

S. HAWKES

NOV - 4 2009

EXAMINER

REINSTATEMENT  
2008-09

0610162040830  
10/21/09--01048--005 \*\*377.50

10. 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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Law Office of  
Joseph M Madden Jr, LLC

October 19, 2009

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Corporation Reinstatement – Windsor Lake Development, LLC  
Document No. L07000061830

Dear Division of Corporations:

Enclosed please find a Corporation Reinstatement form for the above-referenced entity along with a check in the amount of \$377.50 representing the appropriate fees.

Upon receipt, should you have any questions or comments, please do not hesitate to contact me immediately. Thank you.

Sincerely,



Joseph M. Madden, Jr.

**Signed in Absence  
to Prevent Delay**

JMM:sc  
Enclosure(s)

cc: Client