

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L91358**

1. Corporation Name

Winn Technology Group, Inc.

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

523 Palm Harbor Blvd

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

3. Mailing Office Address

523 Palm Harbor Blvd

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34683

Country

USA

7. Name and Address of Current Registered Agent

Name

Timothy E Fitzgerald

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

561 Vista Trail Ct

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

*Timothy E Fitzgerald*

REGISTERED AGENT MUST SIGN

Date

12/27/10

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
CEO	Geoffrey C. Swallow	221 Shore Drive	Palm Harbor, FL 34683
CFO	Anne F. Swallow	221 Shore Drive	Palm Harbor, FL 34683

10. E-mail Address: bethv@wintech.net

and geoff's@wintech.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

*Geoffrey Swallow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Geoffrey Swallow

Date

12/27/10

Daytime Phone #

727-789-0006

FILED

10 DEC 30 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

10

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida 7/17/1990

5. FEI Number

65-0214042

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

400189114754

12/30/10--01006--001 \*\*150.00

400189114754

12/30/10--01006--002 \*\*600.00