FLORIDA DEPARTMENT OF STATE FILED Sandra B. Mortham REINSTATEMENT FOR Secretary of State 98 NOV 16 PM 2: 30 DIVISION OF CORPORATIONS LIMITED LIABILITY COMPANY SECRETARY UF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
 of Limited Liability Company DOCUMENT # L9000000906 - 90 G L95 --1a. Principal Place of Business Address WESTWIND INSURANCE SERVICES, L.C. 1000 WESTWIND WAY 500 N. WESTSHORE BLVD. BARTOW, FL 33850 SUITE 850 TAMPA, FL 33609 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 01/30/95 FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59~3343168 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Žίρ Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name CAMPANO, E L Street Address (P.O. Box Number is Not Acceptable) 1000 WESTWIND WAY 000002694290 BARTOW, FL 33830 -11/23/98---01134---001 Suite, Apt. #, etc. \*\*\*\*188.75 \*\*\*\*188.75 City Zip Code 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 Date Registered Agent City, State & Zip Code 10. Title Managing Members/Managers **Business Street Address** <del>-D</del>-KIRCHEN, RICHARD F. 500 N. WESTSHORE BLVD. morn SUITE 850 TAMPA, FL 33609 DE ALEJANDRO, BALDOMERO 1000 WESTWIND WAY BARTOW, FL 33830 16121 TD CAMPANO, ELL 1000 WESTWIND WAY BARTOW, FL 33830 m6Rh

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

Date 10/28/98

Daytime Phone # \_941-537-1234

CR2EO41 12/97

Typed or printed name of signing Managing Member/Manager E.

as if made under oath.

## Westwind Insurance Services, L.C. 1000 Westwind Way Bartow, Florida 33830



Telephone: 800-333-6548 Fax: 941-537-9045

October 28, 1998

Annual Reports Filings
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Westwind Insurance Services, L.C. Document Number: L95000000906

## To Whom It May Concern:

Please find enclosed our check for \$188.75 and application for reinstatement of our limited liability company. We ask that you accept this as payment as we did not receive our 1998 annual report. We are aware that you sent several notices but we did not receive them. On December 31, 1997 we sold one of our companies which is Westwind International, Inc. which had the same address which led to a lot of confusion and errors in mail delivery. That is the only reason that I can think of that we did not receive it. The company that we sold must have received it in error and failed to forward it on to us.

We are always timely in returning our annual reports and would not have overlooked it if we had received it. We ask that you please take in to consideration the above mentioned problem with our mail delivery that we have had and accept the fee of \$188.75 as payment for reinstatement of Westwind Insurance Services, L.C., Document number: 195000000906. If you should have any questions, please feel free to call me at: 800-333-6548, ext. 208 or my assistant Katrina Spicer at the same number, ext. 210. Thanking you in advance for your cooperation and consideration in resolving this matter.

Sincerely,

E. Luis Campano Managing Member