

L98000000724

Florida Department of State
Division of Corporations
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From:
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RECEIVED
03 APR 11 AM 7:44
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

WINDSOR WOODS, L.C.

FILED
03 APR 10 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98000000724

1. Limited Liability Company's Name

WINDSOR WOODS, L.C.
7 BERMUDA CIRCLE
ENGLEWOOD, FL 34223

2. Principal Office Address

401 SORRENTO RANCH

Suite, Apt. #, etc.

City & State

NOKOMIS, FL

Zip

34275

Country

US

3. Mailing Office Address

200 SOUTH ORANGE AVE.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

US

4/10

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

JUNE 2, 2003

6. FEI Number

59-3513368

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

RIC GREGORIA

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

200 SOUTH ORANGE AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

RIC GREGORIA



Date APRIL 10, 2003

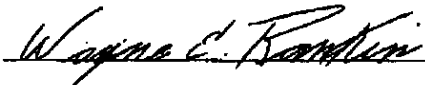
REGISTERED AGENT MUST SIGN

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
MGR	RANKIN, WAYNE E.	401 SORRENTO RANCH	NOKOMIS, FL 34275

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



Date 4/10/2003

Daytime Phone#

Typed or printed name of signing Managing Member/Manager WAYNE E. RANKIN, MGR.

CR20041 (10/02)