

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

FILED

02 JAN 25 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001785

1. Limited Liability Company's Name

WINDSTONE DEVELOPMENT INTERNATIONAL,
L.C.

2. Principal Office Address

330 4TH ST. N

Suite, Apt. #, etc.

3. Mailing Office Address

330 4TH ST. N

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

Zip

33701

Country

U.S.A.

City & State

ST. PETERSBURG, FL

Zip

33701

Country

U.S.A.

2001-2002

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/26/99

6. FEI Number

65-0907617

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

WILLIS, HOWARD

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

330 4TH ST. N.

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33701

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

Howard Willis

REGISTERED AGENT MUST SIGN

Date

1/8/02

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

MGRM HOWARD J. WILLIS

330 4TH ST. N.
ST. PETERSBURG, FL
33701

REINSTATEMENT

2001-02

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

Howard Willis

Date

1/8/02

Daytime Phone #

(727) 821-5445

Typed or printed name of signing Managing Member/Manager

HOWARD WILLIS