

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 APR -9 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M35060

1. Corporation Name

WINSTON PROPERTIES, INC.

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

1 Grove Isle Drive

Suite, Apt. #, etc.

1203

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Office Address

1 Grove Isle Drive

Suite, Apt. #, etc.

1203

City & State

Coconut Grove, FL

Zip

33133

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 1986

5. FEI Number
59-2758621

☐ 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

Ronald A. Kaufler

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

1 Grove Isle Drive

Suite, Apt. #, Etc.

1203

City

Coconut Grove

State

FL

Zip Code

33133

100227957191
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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

Date 12/01/2011

REGISTERED AGENT MUST SIGN

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
SD	Ronald A. Kaufler	1 Grove Isle Drive, Apt. 1203	Coconut Grove, FL 33133
PD	Richard Kaufler	444 Brickell Ave., Suite 51-820	Miami, FL 33131

10. E-mail Address: rkaufler@gmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/2011 305-338-3884

Date

Daytime Phone #