

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -3 AM 9:32

DOCUMENT # NO1000001802

1. Corporation Name
Winds of Revival Inc.

2. Principal Office Address
235 Lakeview Dr

3. Mailing Office Address
PO Box 268583

Suite, Apt. #, etc.
#203

Suite, Apt. #, etc.

City & State
Weston

City & State
Weston, FL

Zip
33326

Country
USA

Zip
33326

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 03/14/2001

5. FEI Number
E65-1156553

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
CANETE, MIGUEL A

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

Suite, Apt. #, Etc.
#203

City
Weston

State
FL

Zip Code
33326

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 02/18/2005

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
S/D	CANETE, HAIDY J	235 LAKEVIEW DR. #203	Weston, FL 33326
T/D	MATA, AURA	2101 NW 101 TERR.	PEMBROKE PINES FL 33026
P/D	CANETE, MIGUEL A	235 LAKEVIEW DR. #203	WESTON FL 33326
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10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Miguel A. Canete

02/18/2005

954 632 3655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)