

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 26 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N98000001116

**1. Corporation Name**

RHF WINDERMERE, INC.

**2. Principal Office Address**

516 N.E. 13TH STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

Zip

33304

Country

USA

**3. Mailing Office Address**

516 N.E. 13TH STREET

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FLORIDA

Zip

33304

Country

USA

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

02/25/98

**5. FEI Number**

65-0853804

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** 99-00

**7. Name and Address of Current Registered Agent**

Name

BRIAN J. MCDONOUGH, ESQ.

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

STEARNS WEAVER MILLER WEISSLER ET AL.

Suite, Apt. #, Etc.

150 WEST FLAGLER STREET, SUITE 2300

City

MIAMI

State  
**FL**

Zip Code

33130

900003238619-6

-05/03/00--01151-007

\*\*\*306.25 \*\*\*306.25

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4/14/00

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---------------------------------------------------|--------------------------|
| D      | Robert O. Jackson                    | 516 NE 13th St                                    | Ft. Lauderdale FL 33304  |
| D      | Stephen R. Janton                    | 516 NE 13th St                                    | Ft. Lauderdale, FL 33304 |
| D      | Michael R. Capelle                   | 949 San Bruno Ave                                 | San Francisco, CA 94131  |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |
|        |                                      |                                                   |                          |

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

954-927-4545

Daytime Phone #

CP2E081 (9/99)