

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JAN 11 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** N99000001989

**1. Corporation Name**

WINDWARD SOUTH CONDO INC.  
3845 SOUTH ATLANTIC AVE.  
DAYTONA BEACH SHORES FL 32118

**2. Principal Office Address**

3845 SOUTH ATLANTIC AVE

**3. Mailing Office Address**

3845 SOUTH ATLANTIC AVE

**Suite, Apt. #, etc.**

#7

**Suite, Apt. #, etc.**

#7

**City & State**

DAYTONA BEACH SHORES  
FL

**City & State**

DAYTONA BEACH SHORES  
FL

**Zip**

32118

**Country**

VOLUSIA

**Zip**

32118

**Country**

VOLUSIA

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

MARCH 26, 1999

**5. FEI Number**

522220815

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **X**

\$8.75 Additional Fee required  
for a Certificate of Status

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

**Name**

SHAKER, MARJORIE

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

3845 SOUTH ATLANTIC AVE.

**Suite, Apt. #, Etc.**

#7

**City**

DAYTONA BEACH SHORES

**State**

FL

**Zip Code**

32118

**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

*Marjorie Shaker*

REGISTERED AGENT MUST SIGN

Date Jan. 7, 2005

**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
P	SHAKER, MARJORIE	3845 S. ATLANTIC AVE #7	DAYTONA BEACH SHORES FL 32118
V	RASALA, CHESTER	3845 S. ATLANTIC AVE #2	"
T	MERRITT, LAWRENCE	3845 S. ATLANTIC AVE #3	"
S/D	MERRITT, ADELINE	3845 S. ATLANTIC AVE #3	"
D	OLLINGER, PATRICIA	3845 S. ATLANTIC AVE #11	"
D	RASALA, FRANKIE	3845 S. ATLANTIC AVE #2	"

**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)(f), 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:**

*Marjorie Shaker*

MARJORIE SHAKER

Jan. 7, 2005

386-761-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

82  
January 7, 2005

NON-PROFIT CORPORATION REINSTATEMENT

As per phone conversation of Jan. 5th, enclosed is application for reinstatement and a check for \$192.50. \$183.75 to cover the years 2003 and 2004 when no forms were recieved and \$8.75 for a certificate of status.

Sincere thanks,

*Marjorie Shaker*

Marjorie Shaker, Pres. &  
registered Agent.