APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

02 FEB -8 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600004916176--7
-02/13/02--01083--001
****900.00 ****900.00

DOCUMENT # P00000031771

1. Corporation Name

Winfield Construction, Inc.

REINSTATEMENT 2001-2002

2. Principal Office Address	3. Mailing Office Address
525 E. Michigan St.	Po Box 2308
Suite, Apt. #, etc.: Suite 101	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32806 Country: USA	Zip: 32802 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3/15/00

5. FEI Number: 59-3634920 ☐ 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: Mark Kinchla

Street Address (P.O. Box Number is Not Acceptable): 1131 Delaney Avenue

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32806

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: 2/7/02
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
P, S	Mark Kinchla	1131 Delaney Ave Orlando, Fl 32802	Orlando, Fl 32802
VP	Robert Dietz	372 W. Grant Street	Orlando, Fl 32806

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: _____ Mark Kinchla 2/7/02 407.839.4848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

Winfield Construction, Inc.

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution/Withdrawal (X) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

RECEIVED
02 FEB -8 AM 11:14
DIVISION OF CORPORATION

Name Availability _____
Document Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/8/02

Order#: 0

Ref#: _____

Amount: $_____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615