

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 28 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000060769

1. Corporation Name

EXECUTIVE SUITES AT WINDSOR PARKE, INC.

2. Principal Office Address

13500 SUTTON PARK DR. S.

Suite, Apt. #, etc.

803

City & State

JACKSONVILLE, FL.

Zip

32224

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

USA

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-30-2000

5. FEI Number

59-3673738

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

JAMES P. DERIECHIO

700008591357

10/25/02--01045--016 **300.00

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

13500 SUTTON PARK DR. So. Suite 803

Suite, Apt. #, Etc.

Suite 803

City

JACKSONVILLE

State

FL

Zip Code

32224

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

J. P. Deriechio

REGISTERED AGENT MUST SIGN

Date

10-23-02

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 | JAMES P. DERIECHIO | 13500 SUTTON PARK DR. S. Suite 803 | JACKSONVILLE, FL. 32224 |
| S+T | | | |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-23-02

Daytime Phone #

CR2E081 (9/01)

Executive Suites @ Windsor Parke
13500 Sutton Park Dr. South
Jacksonville, Fl 32224

October 23, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

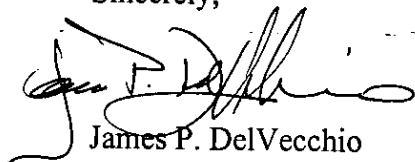
To whom it may concern:

I have enclosed the corporation reinstatement form completed, along with a check as directed by your department, in the amount of \$300.

I am requesting the waiver of the reinstatement fee because we have not received any mail from your department due to an address change. We believe the address change was sent to the Department of State, but no mail has been received since that time of relocation. AS a result, we have not received the 2001 corporate annual report document.

Should you have any questions, I may be reached at 904.759.7030, or by the address at the bottom of this letter

Sincerely,



James P. DelVecchio
President, Executive Suites at Windsor Parke