

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -4 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000062620

1. Corporation Name

THOMAS WINTERHEIMER CONSULTING, INC.

2. Principal Office Address

2229 S. PENINSULA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

Zip

32118

Country

Zip

Country

4. Date Incorporated or Qualified

--To Do Business in Florida--

6/26/2000

5. FEI Number

59-3655538

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

THOMAS A. WINTERHEIMER

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

2229 S. PENINSULA DR.

Suite, Apt. #, Etc.

City

DAYTONA BEACH

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-28-03

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
RVP, T.S.	THOMAS A. WINTERHEIMER	2229 S. PENINSULA DR.	DAYTONA BEACH, FL 32118

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

Date

10-28-03

Daytime Phone #

386-255-0868

THOMAS A. WINTERHEIMER

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CR2E081 (10/02)

***Seabreeze Bookkeeping & Tax Service***  
***441 S. Ridgewood Avenue***  
***Daytona Beach, Florida 32114***  
***Telephone: (386) 258-5880***

Monday, October 27, 2003

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Thomas Winternheimer Consulting, Inc.

To Whom It May Concern:

We did not receive the original or second notice of the 2001 Annual Report due to a change of address. I have enclosed a check for \$450.00 to cover the period thru 2003 and a reinstatement form. Please waive the \$600 reinstatement penalty due. Thank you for your assistance.

Sincerely,



Susan Kidd  
Accountant