

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FOR REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 12:58

DOCUMENT # P00000066205

1. Corporation Name

WINKELMANN ASSOCIATES INCORPORATED

Principal Place of Business

Mailing Address

240 N WASHINGTON BLVD. SUITE 300
SARASOTA FL 34236

240 N WASHINGTON BLVD. SUITE 300
SARASOTA FL 34236



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1028109

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	JUDY C. Winkelmann	200 FAREHAM DRIVE	VENICE FL 34293
V.P	Roy Winkelmann	200 FAREHAM DRIVE	VENICE FL 34293

800004659568-4
-10/30/01--01077--007
****150.00 ****150.00

8. Name and Address of Current Registered Agent

WINKELMANN, JUDY
240 N WASHINGTON BLVD, SUITE 300
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)
WINKELMANN ASSOCIATES, INC.
240 NORTH WASHINGTON BLVD

Suite, Apt. #, Etc.

SUITE 300
SARASOTA FL 34236

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Judy C. Winkelmann
REGISTERED AGENT MUST SIGN

Date

10-15-01

11. 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

Judy C. Winkelmann JUDY C. WINKELMANN 10-15-01 (941) 492-4816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E040 (8/01)

WINKELMANN ASSOCIATES
INCORPORATED

CRIMINAL, AND CIVIL INVESTIGATIONS

Division of Corporations
Annual Report Section
P. O Box 6327
Tallahassee, FL 32314-6327

ON RE: P0000066205

Dear Sir:

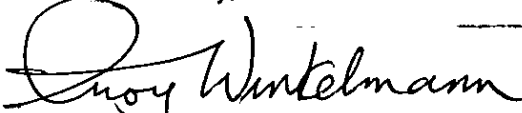
We have just received NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION for failing to file a return to the Florida State.

This alarms us as we only incorporated last year and we filed an eleven page financial return to the State of Florida. We are in possession of the signed acknowledgement of receipt dated March 26, 2001.

We immediately telephoned your office and were informed that we should have filed a further document with your office. Unfortunately we have never received any such notification. This may be due to the fact that for a period in June and July of 2001 we experienced, along with other businesses in our building, a problem with non-delivery of US mail. It is a matter of record that the US Postal authorities instituted an investigation into the problem.

As instructed we have completed the form for reinstatement and enclosed our check in the amount of \$150.00 to pay for the subject filing.

Yours sincerely,



Roy Winkelmann
Director