PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 JUN 11 AM 7:53 SECRETARY OF STATE TALLAHASSEE FLORIDA

DOCUMENT # P-00000095465

1. Corporation Name

T+S WIND INC.

REINSTATEMENT 01-03

2. Principal Office Address 5316 TURKEY LAKE RD	**3.** Mailing Office Address SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida 2003
City & State ORLANDO FL.	City & State	**5.** FEI Number 59-3668341 / Applied For / Not Applicable
Zip 32819 Country ORANGE	Zip 31 Country	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TODD Schneiderwind   5000020433265
                                  06/04/03--01014--010 **750.00
Street Address (P.O. Box Number is Not Acceptable)
5316 TURKEY LAKE RD   5000020433265
Suite, Apt. #, Etc.   06/11/03--01071--011 **300.00

City ORLANDO FL 32819	State FL	Zip Code 32819

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 5-29-03

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
PR	Louis Schneiderwind	5802 CLEARVIEW	ORLANDO FL 32815
VICE	Todd Schneiderwind	5316 TURKEY LAKE RD	ORLANDO FL 32819

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: _____ VICE President   5-2903   407 383-612

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (10/02)