

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000100757

1. Corporation Name

WINDSWEPT J.D.I. INC.

Principal Place of Business

800 WESTWOOD SQUARE
SUITE E
OVIEDO FL 32765

Mailing Address

800 W HWY 426, STE E
OVIEDO FL 32765

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2000

5. FEI Number

59-3699672

Applied For

Not Applicable

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 |
|---------------|---|--|-------------------------|
| D | BARRETT, WILLIAM E | 800 W HWY 426, STE E | OVIEDO FL 32765 |
| | | | |
| | | | |
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| | | | |
| | | | |

200009082672
11/15/02--01059--016 **150.00

8. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E
301 E PINE ST, STE 1400
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael E. Neukamm
REGISTERED AGENT MUST SIGN

Date

11/15/2002

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:

Bill Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 8, 2002

Date

506-328-1212

Daytime Phone #

CR2E040 (8/02)

232

WINDSWEEP J.D.I. INC.

800 Westwood Square, Suite "E"
Oviedo, FL 32765

November 8, 2002

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

Dear Sir/Madame:

RE: Windswept J.D.I. Inc. – Application for Re-Instatement

Enclosed please find completed Application for Reinstatement of Windswept J.D.I. Inc.

With respect to the reinstatement fee, I confirm to you that the previous UBR notices were not received by the corporation and I am therefore requesting the State to waive penalty.

I am enclosing a cheque payable to Department of State in the amount of \$150.00 and would request that Windswept J.D.I. Inc. be re-instated to active status.

Thank you for your consideration in this matter.

Sincerely,


William Barrett
President