

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -5 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000002710

1. Corporation Name

WYNORE Enterprises, Inc.

400041815544
10/12/04--01035--023 **1058.75

REINSTATEMENT 02-04

2. Principal Office Address

P.O. BOX 1751

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka, FL 32704

City & State

Zip

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01-09-2001

5. FEI Number

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

Davendra Patel.

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

5912 Main St

Suite, Apt. #, Etc.

City

Newport Richery

State

FL

Zip Code

34652.

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

Davendra Patel.

Date 10-05-04

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
P	Davendra Patel.	5912 Main St	Newport Richery 34652

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:

Davendra Patel

10-05-04

727-264-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E081 (01/04)

To Whom it may Concern,

10.05.04

I Dawendra Patel of Wynore Enterprises, Inc.
Did not received ~~did not~~ 2002, Annual
reports, ~~for~~.

Sincerely,

Dawendra Patel.

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SECRETARY OF STATE
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