

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 Richem

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 Richem, 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

CR2081 (01/04)

To Whom it may Concern,

10.05-04

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

Sincerely,

Daudhra Patel.

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