

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01000020145

1. Corporation Name

WINN BROS. LAND COMPANY, INC.

Principal Place of Business

265 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984

Mailing Address

265 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34984

1282 SW Biltmore St
Pt St Lucie, FL 34983

→ Same

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

2. New Principal Office Address, If Applicable

1282 SW Biltmore St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State

Pt. St. Lucie, Florida

City & State

Zip 34983 Country St. Lucie

4. Date Incorporated or Qualified To Do Business in Florida

02/23/2001

5. FEI Number

65-1109424

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WINN, ROGER	308 SW ST. MARTINS COVE 568 SW ST. MARTINS COVE	PORT ST. LUCIE FL 34986
D	WINN, RONALD P	341 NE GLADIOLA AVE.	PORT ST. LUCIE FL 34983
D	WINN, GEORGE K JR	205 SW PORT ST. LUCIE BLVD. 1282 maple wood	PORT ST. LUCIE FL 34984 PORT ST. LUCIE 34986

800009167858
11/22/02--01041--002 **150.00

8. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1595 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE FL 34952

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

[Signature]

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

10/28/02

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)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

772-201-7893

Daytime Phone #

FILED

02 OCT 30 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02UOR MM

CR2E040 (8/02)



2012

October 28, 2002

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

To whom it may concern,

Neither Winn Bros. nor its registered agent received the uniform business report.
Enclosed is the \$150.00 fee and completed form.

Sincerely,

Roger D. Winn
Treasurer
Winn Brothers Custom Homes