

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

02 OCT 31 PM 5:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000084432**

1. Corporation Name

**WINCHESTER ENTERPRISE, INC.**

Principal Place of Business

**1218 TERRA MAR DR  
TAMPA FL 33613**

Mailing Address

**1218 TERRA MAR DR  
TAMPA FL 33613**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/24/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

**59-3747825**

Not Applicable

Zip

Country

Zip

Country

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
<b>D</b>	<b>WINCHESTER, ERIC</b>	<b>1218 TERRA MAR DR</b>	<b>TAMPA FL 33613</b>

**4000008725784**  
**10/31/02--01051--007 \*\*150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**WINCHESTER, ERIC  
1218 TERRA MAR DR  
TAMPA FL 33613**

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 REQUIRED**

REGISTERED AGENT MUST SIGN

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)(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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/28/02 727 515 6126**

CR2E040 (8/02)

**WINCHESTER ENTERPRISE, INC.**  
1218 TERRA MAR DR.  
TAMPA, FL. 33613

October 28, 2002

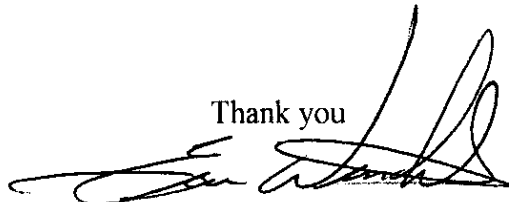
To:  
Department of State of Florida,

This letter is being written as per instructions for reinstatement of corporation.

Our company, Winchester Enterprise, Inc. did not receive the two prior uniform business report (UBR) notices. It is therefore our hope that the penalty reinstatement fee might be waived.

Enclosed are all of the forms requested and a filing fee for \$150.00.

Thank you

A handwritten signature in black ink, appearing to read 'Eric Winchester', is written over the printed name.

ERIC WINCHESTER  
President