

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1072
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 23 AM 8:00

DOCUMENT # P02000003797

1. Corporation Name

WINSTAMAR INC

REINSTATEMENT

03
MRD

500025732725
12/23/03--01050--030 **150.00

2. Principal Office Address

MARINA DEL MAR
RESORT MARINA

3. Mailing Office Address

PO BOX 372521

Suite, Apt. #, etc.

527 CARIBBEAN DR
OCEANSIDE

Suite, Apt. #, etc.

City & State

KEY LARGO FL

City & State

KEY LARGO FL

Zip

33037

Country

USA

Zip

33037

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/02

5. FEI Number

04-3590233

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

GLENN MARVEL

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

408 BOWIE LN

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

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

Glen Marvel

Date 12/19/03

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
<u>PRES</u>	<u>GLENN S. MARVEL</u>	<u>408 BOWIE LN</u>	<u>KEY LARGO FL 33037</u>
<u>VP</u>	<u>BRENT A. HILLIARD</u>	<u>129 VALOIS BLVD</u>	<u>KEY LARGO FL 33037</u>

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:

Glen Marvel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN MARVEL

Date

12/18/03

Daytime Phone #

(305) 522-4768

CR2ED01 (10/02)

292

Winstamar, Inc.

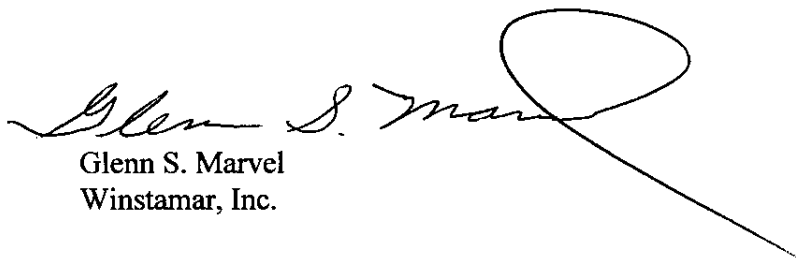
P.O. Box 372521
Key Largo, Florida 33037
(305) 453-9600

December 19, 2003

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

APPLICATION FOR REINSTATEMENT: WINSTAMAR, INC. (DOC# P02000003797)

The above-referenced corporation never received its annual report form for 2003. Attached please find the completed application for corporate reinstatement, along with a check in the amount of \$150. Your assistance in resolving this matter is greatly appreciated.



Glenn S. Marvel
Winstamar, Inc.