

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -6 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026087

1. Corporation Name

WINDSAND CORP

2. Principal Office Address

625 E COLONIAL DR

Suite, Apt. #, etc.

203

City & State

ORLANDO, FLORIDA

Zip

32803

Country

US

3. Mailing Office Address

625 E COLONIAL DR

Suite, Apt. #, etc.

203

City & State

ORLANDO, FLORIDA

Zip

32803

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

01-0618563

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

TREVOR BAILEY

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

625 E COLONIAL DRIVE

Suite, Apt. #, Etc.

203

City

ORLANDO

State

FL

Zip Code

32803

200031851522
04/06/04--01005--008 **150.00

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

Trevor Bailey

Date

4/1/04

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
CHAIR	SAMIYAH BAILEY	4925 STEWART AVE	ORLANDO, FL 32808
TREA	ANNMARIE GARVEY	2184 MOUNTAIN SPRUCE RD	OCOE, FL 34761
SEC	TREVOR BAILEY	5704 GRANDCANYON DR	ORLANDO, FL 32810

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trevor Bailey TREVOR BAILEY

Date

4/1/04

Daytime Phone #

407 447-0173

CR2E081 (01/04)

WINDSAND CORP DBA 10/2002
SANSAN SERVICES
625 E COLONIAL DR STE 203
ORLANDO, FL 32803-4602
TELEPHONE 407-447-0173

1037

63-215/631

2/17/03

Date

Pay to the
Order of

DEPARTMENT OF STATE

\$ 150.00

ONE HUNDRED FIFTY 00/100

Dollars



Security
Features
Details on
Back

SUNTRUST
SunTrust Bank

James D. Riley

For

⑆063102152⑆1000005046940⑆1037⑆0000015000⑆

005-4500-53-9-1008582
DEPOSIT ONLY
02/21/03 00491670
600-22010-8012/20
209 96289680

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USE ONLY

BANK OF AMERICA, N.A. JAX
02/24/03
0000004142243 98 P11

FEB 24 03

5916-001

FEDERAL RESERVE BOARD OF GOVERNORS
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TO WHOM IT MAY CONCERN

THE ABOVE CHECK 1037 WAS PAID TO THE DEPT. OF STATE
FOR 2003 ANNUAL REPORT. I WAS SURPRISED TO FIND OUT
THAT THE CORPORATION (WINDSAND CORP.) HAS BEEN ~~WARTIME~~
DISSOLVED. OUR ADDRESS HAS BEEN CHANGED, WE RECEIVED
NO DOCUMENT FROM YOUR OFFICE.
ENCLOSED IS A REINSTATEMENT REQUEST FORM AND PAYMENT
FOR THIS YEAR'S ANNUAL REPORT.

Sincerely,

James D. Riley