PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 13 PM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200037287382
05/25/04--01010--021 **900.00

REINSTATEMENT 03-04

DOCUMENT # P02000031741

1. Corporation Name
Wind it up INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 820 N.W Snug HARbor Rd | SAme |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Crystal River, FL | City & State: SAME |
| Zip: 34428 Country: USA | Zip: Same Country: SAME |

4. Date Incorporated or Qualified To Do Business in Florida: March 18, 2002

5. FEI Number: 753039072 P02000031741 DOC# — 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: Allen F. Cloer

Street Address (P.O. Box Number is Not Acceptable): 820 N.W. Snug HARbor Rd

Suite, Apt. #, Etc.:

City: Crystal River | State: FL | Zip Code: 34428

**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: Allen F. Cloer — REGISTERED AGENT MUST SIGN — Date: 5-10-04

CR2E081 (01/04)

**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 |
|---|---|---|---|
| Secty | KAThy Cloer | 820 NW SNug Harbor Rd | Crystal River FL 34428 |
| Pres | Allen F. Cloer SR | 820 NW SNug HARbor Rd | Crystal River FL 34428 |
| ~~Treas~~ | ~~Allen F. Cloer JR~~ | ~~820 NW Snug HARbor Rd~~ | ~~Crystal River FL 34428~~ |
| Treas | Betty Cloer | 2727 Club Forest Drive | Conyers, GA. 30013 |
| | | | |
| | | | |

**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:** Allen F. Cloer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5-10-04 — Daytime Phone #: 352-795 7810

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