


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND FILED

APPROVED
FILED

07 APR 23 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JSC

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # WINDSURF RESORT INC.
1. Corporation Name

P02000103092

REINSTATEMENT 03-07

2. Principal Office Address - No P.O. Box # 629 GLENRIDGE RD		3. Mailing Office Address 629 GLENRIDGE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State KEY BISCAIYNE FL		City & State KEY BISCAIYNE FL	
Zip 33149	Country	Zip 33149	Country

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida	09/24/2002
5. FEI Number	65-0940963
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

7. Name and Address of Current Registered Agent

Name **GORDON W GANNON**

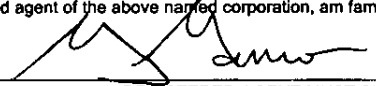
Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc. **629 GLENRIDGE RD**

City **KEY BISCAIYNE** State **FL** Zip Code **33149**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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  **GORDON W GANNON** Date **4-16-2007**

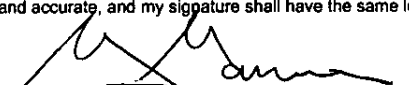
REGISTERED AGENT MUST SIGN

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
DP	GORDON W GANNON	629 GLENRIDGE RD	KEY BISCAIYNE, FL 33149

000098565760
04/26/07--01007--004 **750.00

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 contained in Chapter 119, 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:  **GORDON W GANNON** 4-16-2007 809-879-1308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #