

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000122561

1. Corporation Name

WINDSOR MORTGAGE CORPORATION

Principal Place of Business

Mailing Address

4363 ROGERS ISLAND DR. E.
JACKSONVILLE FL 32224
US

4363 ROGERS ISLAND DR. E.
JACKSONVILLE FL 32224
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
President	Wilfrido UBILLA	4363 Rogers Island Dr. E.	JACKSONVILLE, FL. 32224

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

UBILLA, WILFRIDO
4363 ROGERS ISLAND DR. E.
JACKSONVILLE FL 32224

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

W. Ubilla

Date 10-12-03

REGISTERED AGENT MUST SIGN

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:

W. Ubilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-12-03 904-704-1107

CR2E040 (7/03)

Windsor Mortgage Corp.
4363 Rogers Island Dr. E.
Jacksonville, Fl. 32224

October 12, 2003

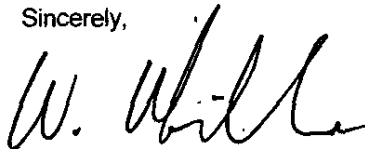
Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

My name is Wilfrido Ubilla, the current registered agent for Windsor Mortgage Corporation. I am asking for reinstatement of my corporation's license. It appears I did not receive previous notification for year 2003. I am new to this process and it may have been an oversight on my part. But I also think I have a greater understanding of annual filling requirements and can only assure you future fillings will be submitted timely and accurately.

I am enclosing a check for \$150 for the processing fee, and hope you would consider reinstating my corporation.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Ubilla', with a stylized flourish at the end.

Wilfrido Ubilla