

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 OCT 28 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 03



600024198636  
10/28/03--01035--012 \*\*150.00

DOCUMENT # **P02000124971**

1. Corporation Name

**WINTERS MEDIA CONSULTING, INC.**

Principal Place of Business

Mailing Address

6645 SW 118 STREET  
MIAMI FL 33156

6645 SW 118 STREET  
MIAMI FL 33156

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

11/25/2002

5. FEI Number

Applied For

42-1563447

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
P	WINTERS, ROSEMARY C	7501 SW 102 STREET	MIAMI FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LORETTA FABRICANT, CPA, PA  
100 SE 2ND STREET  
STE 3910  
MIAMI FL 33131

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

SIGNATURE

Date 10-17-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-03 305-37-2530

CR2E040 (7/03)

LORETTA FABRICANT C.P.A. P.A.



October 22, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

Re: Winters Media Consulting, Inc.  
FEIN 42-1563447

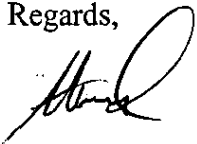
To Whom It May Concern:

We are requesting the one-time abatement of the reinstatement penalties. Our client above was unaware and we failed to remind her of the due date of her uniform business report. She was out of the country and recently returned to find this notice of dissolution.

Enclosed please find the application for reinstatement as well a check for \$150. Please reinstate this corporation at your earliest convenience.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Regards,



Stacy Sand, CPA